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ABSTRACT

In June 1970, the Western Interstate Commission on Higher Education Conference on Mexican American Mental Health Issues was held at Goleta, California Primary goal of the conference was to promote learning, not specific action, program funding, or legislation. Planned by Chicanos, the 3-day conference was aimed at bringing together Chicanos from all over the West who were concerned about mental health. Over 140 Chicanos from 9 western states attended. Some had formal degrees, some were "New Careerists", some were eminent writers, and some were citizens of the barrios. This report consists of eight papers presented at the conference. These are (1) "Institutional Deviance: The Mexican American Experience"; (2) "The Plight of Los Batos in El Barrio"; (3) "El Sentido de la 'Salud Mental' en Los Angeles Del Este" ("The Meaning of 'Mental Health' in East Los Angeles"); (4) "The Impact of Class Discrimination and Racism on the Mental Health of Mexican Americans"; (5) The Impact of the Mental Health of Anglo Social Institutions upon the Mexican American"; (6) "Chicano Designs for New Model 'Mental Health' Services: I LUCHA (League of United Citizens to Help Addicts)"; (7) "Chicano Designs for New Model 'Mental Health. Services: II The San Antonio Proposal--A New Kind of Mental Health Center"; and (8) "New directions". (NQ)

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MEXICAN-AMERICAN MENTAL HEALTH ISSUES

Present Realities and Future Strategies

Papers from a Conference Held at Goleta, California
June 10-12, 1970

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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INTRODUCTION

For those who were not there, it is difficult to convey, using paper and type and a few photos, the exact quality of the events which surrounded the WICHE conference on Mexican-American Mental Health Issues at Goleta, California, in June 1970.* Some events seem as current as yesterday morning; others hang in the memory as images from another era, clear mental pictures which persist but which are quite unbelievable now, only two years later.

By coincidence, this gathering of Chicano mental health workers from nine western states was held in the midst of the famous police-student confrontation on and around the campus of the University of California at Santa Barbara. The quiet series of work sessions in a private conference center on private land were suddenly enclosed within a police perimeter, with check points, armed men, and rigidly enforced curfews.

Early arrivals got into the facility before the check points were set up, only to find that they could not get out. Later arrivals at the conference found that they could not get in. Many of these were poor people from the barrios all over the Southwest, who came by sharing rides and expenses and stipends with the official delegates. Held up in long lines of cars for hours, they were eventually organized and temporarily housed in motels all over Santa Barbara.

Reassembled the next morning, they came into the conference facility through what proved to be a temporary police relaxation of check-point controls. Once the 140 delegates were gathered inside, they learned that the confrontation

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*This conference is sometimes referred to as "the Santa Barbara conference," although it was actually held in nearby Goleta. Another Chicano conference, focusing on Chicano studies in universities, was held at Santa Barbara that year, and it, too, is called "the Santa Barbara conference." Therefore I shall refer to the mental health meeting as "the Goleta conference." --S.B.

p iv blank

outside was on again. Police lines were restored. As Ernesto Galarza was launching the actual conference in one room, some of us spent hours in another negotiating with the police and sheriff and California Highway Patrol seeking a way to continue. As conference delegates stood quietly chatting in the halls during coffee breaks, they found their conversation interrupted from time to time by squads of police passing through, chasing students.

Eventually, a workable system of passes was negotiated, delegates were able to come and go with some freedom, and the conference went on.

What did it accomplish?

Over 140 Chicanos were gathered together for three days. Some had formal degrees, some were New Careerists, some were eminent writers, and some were simply citizens of the barrios of nine western states (the ordinary citizen being, in the long run, by far the most important element in a genuine "mental health" system). They heard major speakers and questioned them closely. They threw two of the greatest parties in the history of the world, riots outside or no riots. Many of them had never met before and surely enlarging one's contact list of key people in other towns is one of the functions of a "conference."

The conference produced papers and tapes, and for many of these there has been a continuing demand. Several federal consultants were present who had never been to a major gathering of Chicano activists before. Some grants, we are told, were later funded as a direct result of the contacts initiated at this conference.

But what "learning" was produced? The conference was supported by continuing education grant funds. Its primary goal was to promote learning, not specific action, program-funding, or legislation.

I have no answer to this question. I have met Chicanos later who told me this conference helped change the course of their professional lives. It linked their work in the Anglo-dominated world of "mental health"--with all its gringo assumptions, gringo degrees, cumbersome gringo procedures and values and regulations--with the emerging Chicano *movimiento*, the emergence of La Raza as a major social and cultural force in the United States. It enabled them, in short, to begin to move in new directions with a fresh sense of urgency.

But for others, I am sure, this conference had no particular effect. The WICHE conference at Goleta was but one of many conferences that year which Chicanos attended. A whole climate of opinion was changing, a movement with many sources and innumerable voices could be sensed--even by the Anglo. What's one conference in an irresistible tide?

Future Chicano historians--and Anglos as well who are curious about some of the awkward ways in which men struggled in the late 1960s to develop new kinds of educational structures, for new kinds of audiences, more or less related to such "new" concerns as social justice and cultural diversity--may find the design process of this conference a useful footnote. This conference originated as a suggestion by two men, Luis Medina (then of Colorado) and Paul Sanchez of California, in the fall of 1969. If WICHE had funds for continuing education activities among mental health workers in the West, why not use some of those funds to support a conference planned by Chicanos and aimed at bringing together Chicanos from all over the West concerned about mental health?

A structure then had to be created in order to launch such a conference. None of the state mental health departments in the West seemed to have a very clear picture of who their Chicano employees were or who should serve on a planning committee. Few universities in 1969-1970 had Chicano staff whose names came readily to mind for such chores. Accordingly, heavy reliance was placed on Sanchez and Medina, upon Juan Ramos, who functioned for a time as almost the sole Chicano in an upper-level job at the National Institute of Mental Health, and upon Tomas Atencio, long an extremely articulate voice in New Mexico. Leo Romero had played a major role in organizing a WICHE conference in Albuquerque, which had exposed a vast gathering of Anglos and Blacks to the mental health dilemmas of the barrios along the Rio Grande river. He was now eager to work on a conference for Chicanos themselves. Salvador Ramirez, a professor at the University of Colorado, and Gilbert Sanchez, recently arrived in Tucson to direct a struggling new mental health center, were recruited to the planning committee by hasty phone calls. Manuel Rodriguez, a mental health worker and New Careers trainer, was drawn into the effort by New Careers experts like Ricardo Ontiveros, who felt that the paraprofessional was too crucial a force in Chicano communities not to have a direct voice in planning. Armando Morales helped WICHE to recruit members of the East Los Angeles Health Task Force: Elias Chico, Fernando Chavez, and Ramon Santos (Santos was for a time special consultant to the Region IX NIMH office in San Francisco).

The committee planned the conference, selected official delegates from each of the nine states (encouraging them in turn to share expenses with others where feasible), recruited most of the speakers, helped deal with the police, and reorganized the conference from time to time as it struggled to do its work in the midst of outside chaos and noise.

From this conference and, to a large degree, from this initial planning committee, came a later conference in Boulder, Colorado, in 1971. From a caucus at that conference came an advisory group which has launched a series of task forces now engaged in preparing position papers on various aspects of a *Chicano Plan for Mental Health*. And so a structure has emerged which can play a role in helping to meet the future "continuing education" needs of Chicano mental health workers in the West. In 1969 no structure existed. Anglo-run mental health departments and universities were helpless to create structures of any value to Chicanos.

The lesson is fairly clear: nothing can be done unless men and women with energy and the willingness to run risks can be located. It is also clear--and important to say--that the 1970s will require people willing to run substantial risks, with their own prestige and standing in their communities at stake, if any headway is to be made in solving some of the persisting social dilemmas of the West. Even professionals must run these risks, uncomfortable as this will make them. The conference at Goleta in June 1970 was organized by a group prepared to run risks and to work very hard. The audience seemed, to an Anglo like myself, to be the most exuberant and vitally alive audience I had ever seen at a mental health conference. The conference itself was the most exhausting and the most tense I had ever participated in. It was also one of the best.

I cannot close without giving due credit to Ramon Santos, without whose constant needling these conference papers might not have been formally pulled together and published. I also want to thank Armando Morales, who threatened to take his own tapes and publish the conference himself if I didn't get a move on.

The conference ended on a note unique to WICHE

conferences. Armando Morales is also a former professional guitarist. He chalked the following song on the blackboard and led the group in singing it as he played the accompaniment. It seems a fitting memento:

Viva La Raza
La Raza Unida,
Mano a mano con mucho valor.
Queremos derechos,
Justicia, respeto,
Y libertad!

Stanley W. Boucher
Director
Mental Health Continuing Education Program

SPEAKERS

A

B

C

D

E

A. Ernesto Galarza, poet, writer, early-day organizer of grape workers, helped coin the phrase *La Raza Unida*.

B. Armando Morales, guitarist, doctoral student in social work at the time of the conference, now a professor, writer, and publisher.

C. Mariano Aguilar, mental health worker and community organizer in San Antonio, Texas.

D. Alicia Escalante, welfare mother, organizer of Welfare Rights Organization in East Los Angeles, lecturer and demonstrator.

E. Roberto Castro, LUCHA worker (League of United Citizens to Help Addicts), ex-prisoner, organizer of programs to assist ex-addicts coming from prison.

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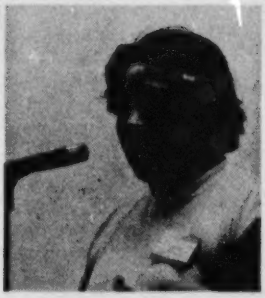

F. Arturo Raya, Special Assistant on Health Needs of Spanish-Surnamed Americans, Office of the Secretary, HEW.

G. Paul Sanchez, professor and former dean, San Jose State College School of Social Work.

H. Octavio Romano, anthropologist, writer, publisher of *El Grito*, influential journal of ideas and poetry for the Chicano world.

I. Luis Torres, student, member of UMAS (United Mexican-American Students) at the University of Colorado, recruited as a last-minute replacement by Salvador Ramirez to read Ramirez's paper to the conference.

J. A conference delegate taking issue with Torres/Ramirez (see discussion on page 21).

MOMENTS AT THE CONFERENCE

a. The police negotiating with conference delegates: "Can we get in or out? What about passes? We are a harmless mental health conference. . . " b. Javier Saenz of Salt Lake City, the man with the luxuriant mustache. c. A moment of levity. d. Juan Acevedo on the left; Armando Morales and his wife, Alicia Noriega, on the right.

WELCOME

Arturo Raya

Arturo Raya is Special Assistant on Spanish-Speaking Health Problems to Dr. Roger O. Egeberg of the Department of Health, Education, and Welfare.

I am very happy to hear the applause, because they say that in Washington you lose touch with everything--including people being happy to see you or be with you. I am very happy to be here with you today, and I want to thank you for giving me the opportunity to spend some time during this first session of your conference. The theme, I think, is excellent. When we talk about present and future strategies, it realistically reflects what is happening in our barrios today. In our barrios we are awakening, and we are learning to identify and articulate our needs while at the same time planning ways to eliminate them in the future.

I hope there will be some excellent work done here and that some recommendations will come out of this conference that will be meaningful. My new assignment in Washington is very exciting. Probably the most important thing about it is that in large measure it was the result of community action by community-based organizations primarily in the Los Angeles area--organizations that were interested in the problems of the barrio and in the problems of health, and organizations that were learning to articulate their needs. The fact that Dr. Egeberg came to Los Angeles and met with us last November and took such great interest in what was happening in the community really points out that he is vitally interested and that he does have a commitment to improve the delivery of health care in general and especially in Spanish-surname communities and in Chicano communities. I am looking forward to working with the HEW agencies and with people who are involved in public health, as well as with the communities themselves, in learning about the problems and in working out ways and means of answering their health needs.

I am very happy to be here with you, and I want to meet

as many of you as I can, because I want to learn what your views are, what your attitudes are, and what your involvement is, so we can establish some communication. This is a kind of opportunity we haven't had before. This is going to be the first time when Spanish-surnamed people, including Chicanos, are going to have a chance to directly relate to Washington in a meaningful way. I think that the fact that Dr. Egeberg did indicate his interest points out that perhaps the administration is thinking in terms of positive action in relating to community health problems in our barrios.

I want all of you who think you have an interest in staying in touch with our office in Washington to give me your names and addresses and telephone numbers and the agencies that you work with, and I promise you that I will put you on my roster and I will be getting in touch with you from time to time. Thank you for inviting me.

INSTITUTIONAL DEVIANCY:

THE MEXICAN-AMERICAN EXPERIENCE

Dr. Ernesto Galarza

Dr. Ernesto Galarza is the author of Barrio Boy, *an autobiographical novel;* Merchants of Labor *and* Spiders in the House and Workers in the Field, *about the plight and struggles of Mexican and Mexican-American agricultural workers;* Zoo Risa; *and* Mexican-Americans in the Southwest, *with Julian Samora and Herman Gallegos.*

It seems to me that we are faced with some hazards. We are right in the middle of what might be called *crass interest* in the Mexican. Some years ago, when the Blacks began their real insurgence for civil rights, the Mexicans in this country began to notice some of their tactics, their aims, and their goals; then we, too, began to stir. This I think is the major reason for what I have just called the *crass* interest in the Mexican. When Columbus discovered America, West Europe displayed a crass interest in the new world. People began to write about it and to explore it and formulate program proposals and take them to Queen Isabella, and the reason was obvious. Here was something new, possibly something dangerous.

I think that is where Mexicans* are today. We are the object of a fad, a mood, a trend that is motivated partly by fear. The same people who fear that the Negro may break through the traditional limitations that have been imposed on him by a white civilization also fear that millions of Mexicans will become an institutional force for the first time in the history of this country.

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*I call our people *Mexicans* to avoid all this nonsense of hyphens this way and that way. You know what I mean by Mexican. I mean people who go back far enough to have Mexican ancestry. If you object to that definition, then please accept my apology. But by the color of your faces, I don't think I'm going to have to apologize to many of you.

This crass period is also characterized by the very limited access we have to groups working in mental health, social welfare, and economic reform. These groups themselves have very limited channels for exchanging ideas and information. In the United States as a whole, there are at least 27 states where there are sizable groups of Mexicans; among them at the present time there is little chance for them to keep informed of each other's doings.

SOME HAZARDS IN THESE DISCUSSIONS

When people interested in mental health like yourselves get together, there is a real danger that you will wind up talking to yourselves about yourselves. We have few opportunities to get information to each other about what we are doing in other areas of social action.

Another hazard is stereotypes of language that are not helpful in assisting us to understand our present situation. Let me give you an example. When they describe Mexican culture in the Southwest, sociologists still talk about the "extended family." The extended family does indeed exist in some parts of the Southwest. The most notable survival of this sociological structure called the extended family, which derives directly from the agrarian past of this part of the world, is probably found in northern New Mexico. But in a community like East Los Angeles the concept is no longer useful. I offer you a substitute. Instead of talking of the extended family with respect to the Mexican community, I suggest that you examine the possibility of using the term, the *extenuated family*. I think that comes closer to suggesting what has actually been happening to the Mexican family in the last fifty years. What has been happening to the Mexican family in the Southwest for fifty years is chiefly a result of urbanization and industrialization.

We should also be aware of another hazard, *dysfunctional research*. The talk about the extended family in the Mexican community is a perfect example of dysfunctional research. We still have departments of economics, sociology, and anthropology in very respectable universities which are setting graduate students to research the extended family in the Mexican community. Universities and graduate schools have not yet got around to defining those vital areas of change in the Mexican community to which research ought to be deliberately and consistently directed. Instead of letting students haphazardly pick their research projects, we ought to get together, raise the money, pool our institutional brains, identify the research talent of young men and women in grad-

uate schools, and say to them, "Would you be interested in doing a research job for your Ph.D. in one of the half-dozen areas we know so little about?" That would bring us closer to the kind of *functional* research that we are very much in need of.

For example, such research could take note of the fact that the character of our population has changed in the last 60 years. It has changed from a Mexican population that was probably 80 to 85 percent rural, to a population today that is probably 85 to 95 percent urban. The change has taken place in the last generation--the last generation and one-half, perhaps. Years ago in California you could have 25, 30, or 40 barrios where there was trouble between farmworkers and growers. But they were so dispersed that nobody paid any attention. Today that situation has radically changed. There are not as many confrontations in the Mexican community, but those that occur involve more people. It has become quite obvious that if things continue the way they are now going, in another ten years 95 percent of the Mexicans will be living in large communities like East Los Angeles or San Jose. The strains on our society coming from that ethnic quarter will be infinitely increased. When there is an encounter in East Los Angeles or East San Jose or North Sacramento, it will be right there under the very noses of the authorities and the news media. There is nothing they can do about concealing it. Thirty years ago, if a newspaper didn't report a strike of the cotton-pickers, nobody cared. There were only a few hundred cotton-pickers involved--Mexicans and a few Negros--and they were far out on the outskirts of things. All that has changed.

Now, too, we have a *student movement*. Mexican students are coming into view. Again, it is a matter of numbers--there are many more of them. I haven't been able to find a reliable statistic on how many students of Mexican ancestry there are in Southwest institutions of higher learning. In California alone, it is my guess that there are probably between 15,000 and 18,000 of them. They are in junior colleges, community colleges, universities, and graduate schools. This is a very important change in the Mexican community. As I talk to students, I sense a feeling of disorientation and anxiety and eagerness to talk to people about where we are all going. The fact that these students are getting together as an ethnic group is an important new development.

Finally, Mexicans are being looked at because there is a lot of talk of revolution. This is a word that means

different things to different people. "Revolution" has disagreeable connotations in the United States. There has been one revolution in the United States, *the* American Revolution. And that is the only revolution that the Anglos want to talk about. This is because it is safely salted away in history. There are institutions like the Daughters of the American Revolution that get together and celebrate that revolution. It is a perfectly safe revolution to talk about.

The revolution that we hear about today in talk and conversation is not of that sort. It hasn't been given meaning yet, but it still may be given meaning by someone. Revolutions take two things to get them underway. One is that enough people have experienced a taste of hell. The other is that enough have experienced a taste of heaven. When these two tastes occur simultaneously, there is an emotional mix which pushes revolution forward. There is no question but that we have experienced a taste of hell--we had a little bit of it last night with the police and their barricades. There is also no question but that we are experiencing a taste of heaven--a Mexican being invited to fill an important position on staff. Or moving into the establishment and having a credit card that enables him to telephone across the country. He might even be privileged to be in on what is called a tie-line. These are new crumbs of heaven that are coming into his experience. When you stop to think of it, combining heaven and hell provides a mix that is very dangerous for the *status quo*. When people begin to feel a pinch of hell with a touch of heaven, things are bound to happen.

THE PROBLEM OF INSTITUTIONS

When we get together in meetings of this kind to talk about Mexicans, we fall into an institutional point of view, a view that looks at things through a funnel. I once worked for the Standard Oil Company, where I used to pour gasoline from tin cans into motors that had run out of gas. We had a huge funnel that was very broad at the top and maybe a half-inch across at the bottom. We tend to look at the problems of the Mexican community through a funnel of about that shape. We have a feeling that, by looking through the broad end, we are really getting a broad view of things. We are encompassing wide horizons. But when we stick our noses down into the funnel, we forget that our view narrows to a very little circle. More important, we forget that we are being looked at from the other end of the funnel and the view from that end is quite different. I want to bring this funnel vision to the surface of our discussion.

You have mental health people who are sorted out into regional and district offices, and they are told to tell the national authorities about the conditions of the Mexican community. We help these good people to look through the funnel. We narrow the outlook down to mental health. Our view becomes distorted.

At this point, I want to attempt some definitions. Since I am using the title "Institutional Deviancy," I think I ought to define what I am talking about and what these terms mean to me. First of all, what is an *institution*? We are all surrounded by institutions of various kinds and types. We have to distinguish between those institutions in America today which are set up and created to assist people and those institutions which are set up for a totally different purpose. The General Motors Company is set up to produce profits for the stockholders. It is an institution. Mental health is an institution--an assistance institution. What is common to General Motors and mental health is that each has a statement of specialized values which it pursues. This is the basis of all institutional life. You organize an institution around a statement of values. Generally speaking, all institutions have to work within the framework of the common ethic of society.

There is a basic difference between institutions and "systems." Institutions tend to become systems. J. Edward Carothers, a religious man, wrote a book entitled *The Keepers of the Poor*, in which he said, "A major distinction of Christianity is its concern for people who suffer pain inflicted by systems." If you will stop to reflect, some of the institutions that we see around us inflict pain on individuals. Why is this? If these are social institutions approved by society, why is it that they inflict pain? Why do the absentee land owners in Los Angeles continue to be absentee land owners collecting rent on houses that should have been demolished fifty years ago? This is inflicting pain on people--the pain of having to live in deteriorated houses, the pain of not knowing whether they are going to be able to pay the rent next month, the pain of shopping every day and seeing the price of groceries going up. These are acute pains being inflicted upon real people. Pain is inflicted upon our fellow citizens, inflicted by institutions which have become systems pursuing ends which are valuable to them but which result in pain to others. I suppose we all agree that we can't do without institutions. It has been said, and I think very accurately, that we all need institutions in order to multiply ourselves. To let us see that we are part of a universe, no

matter how small, is one institutional function.

When I say that institutions tend to become systems which inflict pain on individuals, that brings me to a discussion of what I mean by *deviancy*. I mean two things by deviancy. If you work in an institution long enough, what you begin to see is a tendency to think more of those devices which will perpetuate it as an institution rather than those which serve the interests of the people who are called its clients. By *institutional deviancy*, I mean the tendency of an institution to depart from its moral commitment, from its statutory commitment, and from all those things it was set up to do. I am going to give you some examples of institutional deviancy in connection with the Mexican.

But first I want to define what *mental illness* means to a layman. I don't pretend that it has any psychological insight but it is my working rule. First, it means *the inability of the individual as he grows older in years to overcome the experiences of early childhood that prevented him from becoming an integrated personality*. We have to reckon with the experiences which prevented us from becoming better-integrated persons than we are today. Mental illness is the inability to reckon with and overcome the damage that was done when we were young by family life, institutions, and all sorts of agents. Second, it is the *inability of the individual to supply himself with the essentials of biological satisfaction*. I am taking the word "biological" in its broadest meaning: decent housing, healthy sexual relations with a partner, a mature ability to deal with both the young and the old. If the adult cannot supply himself with minimum response to meet these biological needs, then he is mentally ill. Finally, mental illness is the *inability of the individual to find in society the reflection of self-esteem which he needs*. With this working definition of mental illness, I find myself able to distinguish among the causes of anxiety and stress of individuals whom I meet in my work.

There is still one further comment that I want to make on mental health, apart from the three considerations above. In our human condition we are faced all our lives with a dilemma. We need institutions to give us significance and meaning, something to belong to, and something that will enhance our individual powers when joined by those of other people. But, even so, the single person never quite abandons his individuality to an institution. We are born with a profound feeling that our own special individuality must survive. We will not allow an institution to sublimate us completely to its

ends and purposes. Those of us who work in institutions must remember that each personnel card in our file represents an individual who will not surrender his personality.

Now a basic attribute of institutions is that they are founded upon the concept of *commitment*. Institutions require commitment and commitment is a person. Individual persons have to commit themselves to institutions. Commitment is of two kinds. One is voluntary. When you train yourself for mental health work and you apply for a job in a mental health institution, you are making a commitment. Your professional life is being committed voluntarily and hopefully and enthusiastically to a life career. That is one kind of commitment. The other commitment is involuntary commitment. There are institutions that exist to incarcerate those who are sent there against their will. I think that we have to look at this matter of commitment as one of the fundamental dilemmas of personal and social experience. You can't have an institution without commitment. You can't have a mental health institution unless there are people like you who believe it is important and a job that needs to be done. Commitment is one of those necessary evils that we have to define and reckon with.

CONTEMPORARY INSTITUTIONS

What do the contemporary institutions look like? As I see them, these institutions are delivery systems for specialized services. Without an organized staff of people in mental health, it would be totally impossible to deliver services of any kind. Washington needs echelons of people organized sufficiently to deliver mental health services to people in the barrio. While this may seen like a mechanical definition, I think that it is important to categorize an institution as a *delivery system for specialized services.*

Contemporary American institutions or social systems are also what I would describe as *missionary enterprises.* I detect in various public institutions funded by the federal government the impossibility of getting away from a missionary attitude: Here are people who are poor, let's make them a little bit unpoor. Here are people in mental distress, let's go to them and say that we have been in the promised land and that we are coming to them as mentally healthy people ready to give them a hand. The Christian missions in the last three hundred years have probably done a lot of good. But the missionary concept is totally irrelevant to the present. Yet the missionary enterprise of delivering a gospel, whether it is economic opportunity or maximum feasible participation or

mental health, is what informs and propels many institutions of public assistance, including some in mental health.

Institutions have also become *professional clearing houses*. We go to conventions and conferences of our own special taste to meet people who know where jobs are opening up. This is a classical function. I am not defining these characteristics in order to deprecate them but I am suggesting that we bring them to the surface so that we can consider them honestly and candidly.

Another characteristic of contemporary social institutions is their tendency to become primarily valued as a *segment of the job market*. As our society proves more and more that it has less and less space for college graduates ready to do mature work, our economic system is able to absorb fewer and fewer of them. So they turn to the institutions. We begin to load our institutions with people who are not necessarily equipped to do a particular job but who just need work, people who need some legitimate claim on a share of the national income. When you look at the vastly proliferated bureaucracy which some of the institutions dedicated to the improvement of education and health and mental health have become, you ask why so many people are doing so many things that could be done by one-third the number. Then you remember that in today's economy the institutional framework has become a useful channel for placing people and giving them jobs, pretty much regardless of whether they can deliver or not. The classic example, and the one that I know most about, is education.

In education we find school systems sprinkled (especially at the top of the power structure) with people who have no business being there. I mean "no business" in the sense that they are *not* being educators; they have business there only in the sense that they need a job.

I want to underscore and stress some other things that happened to institutions, causing them to become power structures in their own right. The best statement of this that I have seen in a long time is from a quotation that appeared recently in *Life* magazine: "Nixon inherited a government designed and staffed by Franklin Roosevelt where, in all the subsequent efforts to reshape its character, including the efforts of the Republicans, it is evident that the old traditions still predominate. John Gardner and other former Cabinet officers have testified how the huge departments are societies unto themselves, each with its own state of mind and internal mysticism capable of denying new authority."

I think that quote describes institutions in their pink. When they have finally flowered, institutions define their own authority, have their own mystique, and are loaded with people who can't find jobs elsewhere. Institutions of this kind become deviant in the sense that they begin to apply and to use over and over again techniques which are no longer important or significant for the individual client, but which are only supportive of the bureaucratic machinery.

Whenever I use the word "client," I always use it in very heavy quotation marks. I use this because it is a common word in social assistance. What happens to an institution with respect to its clients? Here we focus through the small end of the funnel on the individual. Through the funnel, we see him as a man unrelated to his family, unrelated to his neighborhood, unrelated to his job, and unrelated even to the wider world of which he is a part. We abstract him from all of these vital connections that he ought to have, and then we set up a mental treatment. In this process, we do to him what physicians are very careful not to do in the realm of physical medicine.

Not very long ago I had to have an x-ray. The first thing that the doctor asked me was how many times I had been x-rayed in the last three years. I told him and he said, "Okay, then you haven't been overexposed to x-rays." That set me thinking about the individual client of an institution. If he is a client of a mental health clinic, a client of an OEO poverty program, a client of a social welfare agency, or a client of an unemployment division (and you can name twenty other institutions, all of which consider him a client), each of these gives him heavy exposure to x-ray shock in the form of an interview. You can imagine what is happening to that fellow. I have yet to find an institution that starts an interview by saying to a client, "How many times have you been exposed to an interview in the last three years?" I have yet to hear an institution wonder if a client has been overexposed. And when he comes out of that interview, he comes out groggy.

Institutional servants tell me that they call meetings of the people in the Mexican barrios and they don't come. They have told me that they send out 10,000 circulars announcing that on Thursday night at 8 o'clock there will be a meeting to talk about very important things. They think they are going to have 500 people and they have two. Now this story, ladies and gentlemen, we have been hearing for forty years. When you meet the same problem over and over again, and you remain puzzled as to why people don't come to

your meetings, then the thing to do is back up a bit and set up some kind of an experimental structure that will allow you to get to the bottom of the problem. Why don't people come to the meeting, and why don't they come to the mental health clinic?

The other day, fortunately, I read a paper on economics that dealt with the "indifference curve." Now the indifference curve is used by economists to try to understand why people, expressing their wants as consumers, follow a certain line of demand and then pull away from what the market is offering. Why don't you mental health workers have an indifference curve of your own? Instead of complaining for the next forty years that people don't come to your meetings to listen to your message, why don't you prepare what might be called a *social indifference curve*? If we understood such an indifference curve, we would have more answers about why people don't participate.

I want to zero in on some institutions that have become particularly deviant in this society toward the Mexicans. Let's take the Department of Labor, for instance. The United States Department of Labor is set up by statute to protect the interest of working people, to help them find jobs, and to administer laws passed by Congress intended to protect the working man. For some twenty years I was compelled to deal, at very close quarters, with the Bureau of Employment Security, which is a branch of the Department of Labor responsible for recruiting farmworkers for agriculture in California. You can read that story in a book called *Merchants of Labor*, in which I describe in great detail the institutional behavior of the Department of Labor. What happened was that the Department of Labor became a deviant institution. It departed from a legal commitment to serve the purpose of protecting the worker as a job holder. What these bureaucrats did was to frustrate the worker, to disorganize, and to convert the institution called the Department of Labor into a system that inflicted pain on the worker. If it was possible for the Department of Labor to be subverted to those ends, it is possible for any institution to be subverted, including mental health.

Another institution I want to mention is that of education. What have the public schools of the Southwest done with relation to the Mexican child? They have in general become deviant institutions, primarily because they have attempted to force the Mexican child into a cultural mold at the very beginning of his contact with school, and that had damaged the Mexican child, particularly as to language. A struggle has

been going on for many, many years to get schools to understand that when a child shows up for school on his first day in his first grade and doesn't speak English, somebody should be there to speak to him in Spanish! If there aren't books in Spanish from which he can read, then somebody should write them and publish them and get them into the schools. Up to the last five years the schools have resisted this effort and have said, "This Mexican kid is in the United States, and English is our language. Let him learn it. It is his responsibility." This kind of closed-mindedness has damaged more than one generation of Mexican children. What we need in most western states is to turn the first four grades of instruction upside down, demolish the present curriculum, and invert the present administrative system, which creates a pyramid of power that holds the teachers in fear. In short, it is high time we gave our thoughts to educational reform of the American public schools.

Note that another characteristic of deviancy in institutions is that they raise the wrong issues for people to talk about. Not too long ago I spent a lot of time going to Mexican communities to discuss the question of busing. The Mexican barrio was split right down the middle on this question. I took it upon myself to preach a different kind of doctrine. I don't think it is possible to have an integrated society unless you have integrated individuals. The most important thing that a school can do immediately after the child comes into it is to help him become an integrated personality. If that can be done in the first five or six years of his schooling, then he just naturally becomes a person whose notable difference isn't color. The quality of his experience has already been such that the way he approaches life will be spontaneous, creative, and liberated. His experience will make him understand that a black boy, or a black girl, or a brown boy are capable of doing wonderful things. When I began to express some of these ideas, they seemed a little remote, but I got some of my friends in the Mexican community to agree that the first issue they should face is the quality of education our children are getting where they are are right now. If it is the kind of education that I have tried to describe, then the community needs to start demanding some important changes. Demand class sizes of perhaps twelve students per teacher. Demand a school that is run by the teachers and not by the administrators. Demand textbooks that are prepared with the full consultation and the participation of the classroom teacher herself. Demand curriculum that in the first years of school has more to interest the child than to please the curriculum coordinator. When we produce a generation of eight- or nine- or ten-year-

old Mexican children whose creative powers have been released by the school, then in company with blacks and whites, these children will make for an integrated society. By raising the wrong issues, like busing, we lost three years of time in getting around to the important ones.

Finally, I want to point out one common deviancy of all the institutions that I have come in contact with, and that is their breach of faith. One example of this is the Office of Economic Opportunity and its classic doctrine of "maximum feasible participation." Maximum feasible participation became, in my judgment, the core of the antipoverty program. It is one of those phrases that can turn a social system upside down. It was just three words, but it gave new impetus to the aspirations of the poor. It was probably someone high in the echelons of OEO who coined that phrase. When word got around that everyone would be getting in on making the decisions, things begin to happen. But in the last three years we have seen a retreat from this encouragement of participation. If I were to point to one outstanding deviation of American institutions today, I would point to this retreat from maximum feasible participation. We are going to pay a heavy price for the disillusionment of people who wanted to participate, came to help us, asked what was next, and then experienced frustration where they had looked for hope.

America is now composed of three classes of people. There is the class of people who are scared, because they have nothing, and who are afraid that they never will have anything. There is a second class of Americans who are scared, because they have something but live in fear that they might lose it. There is a third class of people who are scared, because they have a lot, but they are afraid they are not going to have the chance to make more.

And so, as Americans we live with only one common theme--fear! Fear is the tie that binds us. If that is true, then it is not, as Franklin D. Roosevelt said, that the only thing we have to fear is fear itself. It would seem--if my analogy is true--that the only thing we have to fear is one another.

I suggest that we in mental health must stop using the clinical approach of individual therapy in social relationships. The clinical approach is necessary between the practitioner and the individual, but to pretend that you can use clinical approaches to analyze all the decisions that set the stage for your world and mine is dangerous.

Recently, I was rereading a lecture Harry Stack Sullivan

delivered in June 1948 before the Pennsylvania Mental Health Conference. In the concluding paragraph, he said, "Without an unprecendented organization of support among the people principally concerned, the efforts of these experts can scarcely be expected to meet the urgencies of the world situation of these times." This is a formula for social action if ever I heard one. What Harry Stack Sullivan was saying is that not until institutions of social assistance pay attention to the people who come to them for help and establish an alliance, as between human beings caught in the same field of force, not until then will we be on the road to some kind of hopeful answers to the situations in which we find ouselves. For this purpose you have a very powerful weapon in your hands. Your institutions are the avenues by which agencies dedicated to public philanthropy operate by law and by budget. They can't operate without you. You are the ones who identify, locate, and work with the poor, the suffering, the mentally ill individual. You are out there in the barrio; you know the situation. When the clinic opens up, if you are not there to do the recruiting and bring the people in, then the place makes no sense. In other words, being the recruiter and the identifier and the conductor of the client through the assistance institution makes you a very powerful person. What would happen if you established the unprecedented alliance that Harry Stack Sullivan thirty years ago pleaded with you to form? What would happen if you mental health workers were to establish in your communities some devices--seminars, workshops--through which you learn to work together with all the resources in a given community--not as mere therapists but as *partners* of those people principally concerned. After the Mexicans in the community again begin to believe you, then perhaps their response will indicate those individuals who need therapy. The last suggestion that I have to make is that you establish a national center for work and communication among all the disciplines and professions so that you can speak with one voice in Washington as the advocate of these communities in dealing with agencies like HEW.

THE PLIGHT OF *LOS BATOS* IN *EL BARRIO*

Salvador Ramirez

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This is about people ... the people of my cultural heritage ... the contemporary urban, rural, and migratory Mexican-American. I want to deal with theoretical conceptualizations relevant to the sociocultural development of Mexican-American children and youth. I will focus attention, in a chronological perspective, on what I perceive to be the major influential factors which affect and effect lasting positive and/or negative behavioral attitudes and mannerisms on Mexican-Americans during the process of growth and development. Specifically, *five* major influential factors subject Mexican-American children and youth to differing behavioral codes and patterns: first, the home and family; second, immediate environment; third, the school; fourth, institutions; and fifth, peer groups. It is my belief that a Mexican-American must be able to adequately understand the differing "rules and regulations" of the aforementioned areas of influence in order for him to make a proficient and healthy adjustment in our contemporary technological society. On the other hand, if a Mexican-American is not able to adequately understand and adjust to the dos and don'ts, the "rights" and "wrongs," and the "moral" and "immoral" of the five areas of influence, he will inevitably end up in the subcultural *world of los batos* (the heroes or guys).

Los batos is a kind of Mexican-American peer group formation which is similar in its characteristics to Richard Cloward's conflict, criminal, and retreatist subcultural group categorizations. In the Mexican-American world a conflict group (fighting gang) is identified as a *ganga, pacota, palomilla,* etc.; a criminal group is called *vagos, ladrones, robones,* or *jambos* (vagrants, thieves, and bad guys); and a retreatist group (dope addicts or alcoholics) is known as *los batos locos* (the crazy guys). In the main, *los batos* are composed of youth/adults with similar socioeconomic, educational, etc., interests and/or problems. The cause and effect of this phenomenon, the *world of los batos,* represents a

byproduct of two conflicting and contradicting sociocultural value systems: Mexican-American and white Anglo-Saxon Protestant middle-class.

As a preface to my following elaborations, I want to emphasize strongly that it would be most difficult for one to write about the topic under consideration while disregarding the influence of the home and family, the immediate environment, the school, and the institutions, since in actuality they are organically interrelated.

LOS BATOS

Very little is really known about los batos. However, the world of los batos is a reality, and it affects a considerable percentage of the Mexican-American youth population. A central theme of this world is ferment, paradox, conflict, and dilemma. It is a world of hope, yet at the same time a world of despair. It is aspiration for mobility, and it is apathy and stagnation. It is courage, and it is defeat. It is cooperation and concern, and it is suspicion, competiveness, and rejection. The world of los batos is the surge toward integration and assimilation into the larger context of American life, yet the increasing alienation and isolation, timidity, and the withdrawal further within protective walls.

In the main, the majority of los batos represent the low socioeconomic strata of Mexican-Americans. The two major sociopsychological factors which have unconsciously or consciously forced these individuals to move into the world of los batos are the rigid, traditional spiritual and material cultural values of *la raza*, which they were born into and in which they were instructed, and the conflicting, contradictory values of a middle-class educational system. Eventually, the daily sociopsychological strains and frustrations experienced by Mexican-Americans in coping with the two cultural systems make it extremely difficult to maintain a healthy mental existence. Thus, as much as possible, some Mexican-Americans attempt to create and withdraw into a third subcultural world. Realizing that they have not completely separated themselves from the two influential systems, they develop or adopt the survival skills of the world of los batos for dealing with these two systems. The survival skills provide the youth with the capabilities and abilities to deal with opposing cultural values in their proper perspective.

Initially, the world of los batos appears to the Mexican-American as one of proficiency and beauty. At the outset, the Mexican-American youth gets a long-desired feeling of

belonging and importance . . . a feeling of being a person and a human being . . . a feeling of brotherhood (*carnalismo*). This world of los batos provides the Mexican-American youth with the opportunity to pause and to think . . . to evaluate the positive/negative attributes of the Mexican-American and the WASP value systems. As a consequence of this "pause-think-decide-act" process, his conceptualization of life becomes more profoundly realistic. His new realization makes him vividly aware that he is required to live under congested, deteriorating, and rat-infested conditions. Also, he becomes shockingly aware that other human beings are not so dehumanized. Los batos are aware of the fact that other human beings have been taught to read, are prepared to compete in college, and are able to compete successfully for white collar, managerial, and, eventually, executive positions. Their appraisal of their own predicament of inferiority and ineffectiveness occurs within the context of their knowledge that others are not similarly disadvantaged. Whatever accommodations they must make to the negative realities which dominate their own lives, they are required to make them with the conscious or unconscious awareness that this should not be the fate of mankind, that this is a personal disadvantage, or disability, which they share with others of similar phenotypical characteristics who are in a similar predicament of powerlessness.

The personal and social disadvantages inherent in the objective and psychological realities of the world of los batos, therefore, necessarily promote further deep and profound conflicts. The stabilizing devices within the world of los batos available to individuals seeking to function with that minimal degree of self-esteem essential to their humanity involve the inevitability of some type of accommodation to these basic conflicts. There is conflict between the values, patterns, aspirations, style, and rewards of the larger culture, on the one hand, and the realities of discrimination, dehumanization, stagnation, and apathy, on the other. The ferment and activity to be found in the world of los batos as an alternative to total apathy can probably be interpreted as a manifestation of coping with the aforementioned conflict.

The large number of dropouts, the number of Mexican-American youth within the world of los batos who are defeated and have tended to accept the reality of their personal defeat through stagnation, despair, flirtation with marijuana and narcotics, and seek to hide their pervasive sense of inferiority through assuming airs of pseudosophistication, are examples of the negative, self-destructive resolution of the conflict world of los batos. Many Mexican-American youth

become caught in the paradox of the world of los batos and are unable to resolve their personal conflicts either in the direction of positive, socially acceptable forms of adjustment or in terms of direct and assertive antisocial behavior. These young Mexican-Americans become caught between the awareness of the values and standards of the larger society and the knowledge that they are not personally equipped to meet these demands. Without regard to reason or to the degree of their awareness of any cause, these young people are forced to confine their activities and quest for personal status within the bounds of the world which they have created. They are required to develop personal patterns of adjustment, style, speech, and dress which are compatible with the role models in this world.

The overt, acting-out batos who defy the established rules and authorities of the larger society seek resolution of the conflict in clearly defiant and self-destructive forms. Thus, they attempt to reject the values, aspirations, and techniques of the larger society, because this larger society has clearly rejected them. Many of the batos are capable of articulating both an active rejection of the inherited values of the home and the imposed values of the larger society. They are aware of the fact that their antisocial behavior is frowned upon by the home and by the larger society; however, they are scornful of what they consider the hypocrisy, the dishonesty, and the lack of any genuine concern on the part of the home and the larger society which seek to modify their behavior. They point to the fact that there is normative and accepted corruption and criminal behavior among the respected representatives of the larger middle-class society with whom they have had contact. They describe vividly the corrupt loan shark, the prostitute, the homosexual, and they explain their disaffiliation with school in terms of the physical and psychological brutality of teachers.

There is a pattern of mutual reinforcement between the permeating community manifestations of the powerless barrio--the colony of subjugated Mexican-Americans--and the individual reactions to the essential impotence of minority status. One can also postulate a continuous cyclic feedback between personal patterns of accommodation and resolution of the conflicts inherent in minority status and the institutionalization of these on the community level.

A significant fact which has emerged with seemingly abrupt and startling clarity within the past year is the evidence that the current form of this cyclic relationship between personal and community aspects of minority status now

seems to be dominating the positives of social action and social protest. The ferment within Mexican-American communities throughout the Southwest--certainly more obvious in the California and Texas communities, but beginning to express itself with increasing intensity in such urban communities as Denver, Albuquerque, Kansas City, and Tucson--suggests to the insightful observer that the past cycle of negative reinforcements of personal and community powerlessness is being supplanted by a more positive pattern of effective personal and community action. If this is true, it is possible to postulate that these evidences of increasing community action and the mobilization of power within the barrio is having, or will have, a positive effect on the self-image of los batos. It is possible also that this phenomenon reflects a heightening of morale--the fact that the negative, the debilitating, the apathy-determining forces of the barrio have not completely subordinated the more positive survival urges. The present evidences of effective protest could not have emerged out of total stagnation. They reflect the positive potentials within subjugated human beings which are somehow kept alive.

If concrete successes of these forms of mobilized community power and protest are obtained, then one can expect that these will stimulate, increase, and reinforce self-confidence and pride in los batos. Given an increase in the positive self-image of los batos, based upon the realities of effective social action and demonstrated social change, there should emerge a solid basis for a new cycle of greater personal and community effectiveness. From this perspective, it can be seen that the closer the Mexican-American community gets to attainment of its goals, the closer it gets to the removal of the determinants and manifestations of Mexican-American exploitation and powerlessness, the more impatient los batos will become for total equality.

Success in removing some barriers feeds the idea of personal and community effectiveness and provides the strength and the motivation for increased activity. This, in turn, makes the existing barriers even more intolerable. This accelerated impatience and the lowering of the threshold of frustration for remaining inequities, paradoxically, increases the chances of barrio tensions and ferment, if not explosions. This level of the cyclic relationship between increased personal effectiveness and successful community action makes careful, thoughtful, and realistic planning starkly imperative if the chances of social chaos are to be reduced.

The case for effective planning for los batos, therefore, is based not only upon the need to prepare them to play a more effective role in the present social revolution, but also on the need to help them and the community to continue in a pattern of personal and social effectiveness.

Participant: Where I live, I would much rather, one hundred percent, stay there, than to move up in society and move away from the place where I was born. I would much rather not look at it in a negative way, but look at it in a positive way. We talk about the Jewish settlements, the ghetto; the Chinese settlements, these are not ghettos, they are Chineses communities. Yet when we talk about our places were we live, you know, where the Mexicans live, they are always said to be bad places. They are not bad places. I have had some of the best years of my life where I live. I would much rather have it being built up rather than being torn down by freeways or what have you. This is why I object because I heard some bad things coming out from this paper. Maybe I am sort of pathological in the way that I think, because of the way I have been treated.

Ramirez: I understand exactly what you are saying . . . I was born in one of the worst slums in the Southwest . . . It's known as "El Segundo Barrio" in South El Paso, Texas. I have lived and worked in South El Paso for 35 years. In our hearts and minds el barrio is, indeed, not bad. What makes it horrible are the external forces that control the destinies of our people.

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EL SENTIDO DE LA "SALUD MENTAL" EN LOS ANGELES DEL ESTE

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Quiero dejarles saber que ojalá no crean que soy yo ninguna autoridad en el "meaning" de "mental health." Yo estoy aquí nada más que para hablarles de mis experiencias personales, para hablarles de la gente con quien yo trabajo, de la gente a quien yo ayudo diariamente, de lo que yo he aprendido trabajando con esta gente, y de lo que yo he aprendido en mi propia vida. Es todo lo que les puedo decir.

Ahora, yo hablo de la persona que está en la ayuda. Esta persona puede ser una criatura o la madre y sus criaturas. Puede ser un papá que está incapacitado. Puede ser una viejita o un viejito. Hay diferentes ayudas para la gente, y yo ayudo a todas estas clases de gente. No quiero que crean que soy exagerada. Yo hago un esfuerzo para ayudarlas. Yo he visto muchos problemas entre esta gente, y el problema empieza con el sistema, la administración de welfare.

Yo digo que ésto es lo que empieza los problemas emocionales de la gente. Por ejemplo, miremos el caso de "Aid to Families with Dependent Children." AFDC provee ayuda para los niños, y para las familias que en muchas ocasiones se encuentra la madre sola con sus hijos. Cada criatura recibe 65 centavos al dia para comer. Allí empiezan los problemas. Al tener 16 años las criaturas se salen de la escuela con las esperanzas de ir a buscar trabajo porque quieren mejor ropa, porque no traen buen coche, o les da vergüenza con el lonche que llevan, o porque no tienen bastante dinero, o lo que sea. Ellos no tienen la seguridad necesaria, y que se requiere para todas las criaturas. Con eso empieza los problemas emocionales.

Yo no les llamo problemas mentales en el mismo sentido

que tal vez un doctor lo llamaría. He leido en muchos casos ciertos diagnosis que el psiquiatra hizo o que el doctor hizo, y él tiene su modo de identificarse con estas personas. Yo tengo otro modo de identificarme con estas personas. Por ejemplo, ahorita tenemos un caso de una madre a quien le han quitado sus seis criaturas. Esta madre cedió sus criaturas voluntariamente porque tuvo que entrar al hospital por un mes. Ella tenía una enfermedad en los pulmones. La hospitalización no duro un mes sino tres meses. Por esta razón pusieron a los niños en "placement," en "foster homes." Al salir del hospital la madre reclamó a sus hijos. Pero todavia hasta la fecha no se los han dado a ella sus hijos porque aparte de la enfermedad de los pulmones, el doctor o el psiquiatra que la atendió halló que ella también tenía un "schizoid personality," o sea un "split personality." Bueno, yo digo que una madre que está en el hospital por tres meses, con seis criaturas, que vive pobremente, que casi no más que existe, además de los otros problemas que la sociedad nos inflige a nosotros, naturalmente va a estar muy nerviosa.

Yo no diría "split personality." Cuántos de nosotros andamos en la calle, cuántos de nosotros nos levantamos de buenas una mañana y nos levantamos de malas la otra--pues entonces, yo también he de tener un "split personality." Pero la idea está. Cuando ella vino a la oficina a pedir ayuda a la organización, yo vi muy bien a esta mujer. Puedo comprender más o menos el estado en que estaba ella. Tal vez estaba ya lista para un "nervous breakdown," porque quería tener a sus hijos con ella. Para mí la madre estaba muy emocionada y muy nerviosa. Pero es muy buena madre. Tiene su casa muy limpia, y hace todo lo que puede para vivir.

En cuanto a, la gente con quien yo trabajo, los niños que son desventajados, los viejitos que viven de una miseria del "general relief," los incapacitados que tienen que rogar por una cama, por un refrigerador, les pregunto, qué clase de "mental health" permite a esta gente de tener estos problemas?

Yo no digo que no haya solución--si, hay. Para mi el primer paso es darle a la gente suficiente para comer, darle suficiente para vestirse, darle entrenamiento para que esta gente pueda aprender, animarle a esta gente para que se salga de ese "cycle" de que no se puede salir. Yo lo digo porque estoy en la ayuda y tengo varios años de experiencia. También tengo la ambición. La educación no la tengo pero la ambicion sí tengo. Tengo criaturas y he querido salir de esta trampa y no he podido, pero hice otras cosas. Quiero animar a todas las mujeres, a todos los hombres, a toda la gente pobre, a que se animen y hagan algo para mejorar se su

situación. Porque el sistema de welfare parece ser un juego político. Y ya es que el mexicano, el chicano está despertándose. Que se despierte de todas las formas--de la escuela, del welfare, en cualquier trampa en que esté, o como yo en la trampa de welfare. Que se despierte toda la gente y haga algo para mejorar se su situación! Así empecé yo, y es todo lo que les puedo decir.

Empecé con la ambición--aunque podía salir yo de lo que me estaba atrapando a mí. Hice lo posible para animar a todo la gente. Ahorita estoy muy animada de ver la organización de Welfare Rights por todos los condados de California. Ademas, esta organización está progresando por todo el "Southwest." Tengo esperanzas de que algún día todo esto de "welfare rights" sea nacional para el Chicano porque cuando "welfare rights" empezó en East Los Angeles, donde estoy, no había nada para los mexicanos. Había 36 estados, y "welfare rights" era nacional, pero era para la gente negra. No había ningún movimiento mexicano. Me interesaba de iniciar una organización para los chicanos. Espero que algún día haya una organización nacional para que se levante la gente y para que no se sienta vergüenza. No hay vergüenza en ser pobre. No hay vergüenza en estar en algo. Pues, quién está en welfare? Yo por mi parte estoy. Los administradores y los oficiales están en welfare. Tambien toda la gente que está trabajando para el gobierno está en welfare. Yo tengo esperanza de levantar a toda la gente, no yo personalmente, pero quiero darle algún ánimo a la gente a que haga algo para mejorarse su situación. Todos tenemos algo que contribuir a esta vida, aunque sea poco. Todos tenemos algo que contribuir, y esta esperanza la quiero despertar en toda la gente--cada uno de nosotros podemos animar si nos unimos uno con el otro. Muchas gracias.

THE MEANING OF "MENTAL HEALTH" IN EAST LOS ANGELES

Alicia Escalante

Alicia Escalante is Chairwoman of the Welfare Rights Organization of East Los Angeles.

I hope you don't think that I am any authority on the meaning of mental health. I am here only to talk to you of my personal experiences--to talk to you about the people with whom I work, the people that I help every day, about what I have learned working with these people and what I have learned in my own life. That's all that I can tell you.

Now, let me talk about the person who is on welfare. This person can be a child or a mother and her children. He can be a father who is disabled. He can be a little old man or lady. There are different types of aid for these people, and I try to help all of them. I don't want you to think that I am bragging; I try to help these people. I have seen many problems among them, and the problems begin with the system, the administration of welfare.

I say that this is where the emotional problems of these people begin. Take, for example, the case of Aid to Families with Dependent Children. AFDC provides aid for children and for "families," which often consist of a lone mother with her children. Each child receives 65 cents a day to eat. That is where problems begin. At age 16, these youngsters leave school hoping to look for work. They want better clothing, or they are ashamed of their lunches, or they don't have enough money--whatever the reason, they leave school. They do not have the security which is necessary for all children. Insecurity causes emotional problems.

I don't call them mental problems in the same way that perhaps a doctor would. I have read in many cases certain diagnoses that the psychiatrist made, or the doctor made, and they have their methods of identifying themselves with these people. I have another method of identifying myself

with these people. For example, right now we have a case concerning a mother whose six children have been taken away from her. This mother voluntarily gave up her children because she had to enter the hospital for a month because of a lung disease. The hospitalization did not last one month, but three months--and the children were put in "placement" in foster homes. Upon leaving the hospital, she claimed her children. They have not given her children back to her to this day, because they found, according to the doctor or the psychiatrist who examined her, that aside from the lung disease she has a "schizoid personality," that is a "split personality." All right, I say that a mother who has been in the hospital for three months, with six children, who is poor, who just barely exists, in addition to all the other problems which society inflicts on us, is going to be very nervous--quite naturally.

I wouldn't call it "split personality." How many of us are on the street; how many of us get up on the wrong side of bed some days--by such measures, I, too, have a "split personality." When this woman came to the office to ask the organization for help, I could understand the state she was in, very close to a nervous breakdown, because she wanted to have her children with her. To me, the mother seemed to be very emotional and nervous, yes; but she is a very good mother. She has her house very clean, and she does all that she can in order to live.

Look at the problems of the people with whom I work--the children who are disadvantaged, the old people who live on a pittance from "general relief," the disabled who have to beg for a bed or for a refrigerator. What kind of "mental health" do these problems cause in the people?

Is there no solution? Yes, there is. For me, the first step would be to give the people enough to eat. Give them enough to clothe themselves. Give them training so these people can learn. Encourage them to escape this "cycle," from which there is no escape. I say this because I am on welfare and I have many years of experience. I don't have education, but I do have ambition. I have children, and I have wanted to escape from this trap and have not been able to. I have done other things. I want to encourage all the women, all the men, all poor people, to wake up and do something to better their situation. Welfare seems to be a political game. Now that the Mexican, the Chicano, is waking up, he should wake up in every way: about schools, about welfare, about whatever trap he finds himself in. People should come alive and do something to better their situation.

That is how I began, and it is all I can tell you.

I began with the ambition--since I could not get away from what was trapping me--to do what I could to encourage everyone I could. I am very heartened right now to see that there are Welfare Rights Organizations in every county in California and that the organization is growing all over the Southwest. I have hopes that someday this Welfare Rights movement will be national for Chicanos, because when it began in East Los Angeles, where I am, there was nothing for the Mexicans. There were 36 states in Welfare Rights nationally, but it affected mostly the Black people. There was no Mexican movement. I became interested in beginning an organization for the Chicanos. I hope that someday there will be a national organization to encourage people to rise up so that they will not feel ashamed. There is no shame in being poor. There is no shame in being on welfare. Who is on welfare? I am, for my part. The administrators and the officials are on welfare. Everyone who works for the government is on welfare. I want to give all of these people some spirit so that they will do something to better their situation. We all have something to contribute to this life, even though it may be very little. This is the hope and confidence which I want to inspire in all the people. Each one of us can gain courage if we unite with one another.

THE IMPACT OF CLASS DISCRIMINATION AND RACISM ON THE MENTAL HEALTH OF MEXICAN-AMERICANS*

Armando Morales

Armando Morales, now studying for his doctorate, was a supervising psychiatric social worker at the East Los Angeles Mental Health Service.

My assignment for this conference was to write a paper focusing on white racism and its impact on the mental health of Mexican-Americans in Southern California. I'm sure that any analysis of these problems will be representative of those situations that Mexican-Americans find themselves in in other areas throughout the Southwest. Some of the social problems found in Mexican-American communities are the following:

1. Deficient educational achievement due to the lack of educational opportunities.

2. Excessive unemployment.

3. Broken homes.

4. Excessive numbers of police in Chicano communities.

5. Police-community friction.

6. The overrepresentation of Mexican-Americans in jails and prisons for offenses related to drinking and drugs.

7. The gross lack of mental health treatment facilities in Chicano communities.

8. The unavailability of psychiatric manpower, particularly bilingual mental health professionals.

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*Notes will be found on p. 37

9. Societal resistance toward the funding of community mental health centers *directed by and under Mexican-American community control and sanction.*

Why are these conditions found in Mexican-American, Black, Puerto Rican, and other poor, ethnic communities? I suggest the answer lies in (1) the brutal discrimination which is practiced toward the poor, (2) racism, and (3) an institutionalized delivery system for mental health care that emphasizes quality, individualized psychiatric treatment for the affluent, and an almost complete denial of quality mental health care for those that need the services the most--the poor![1] In order to understand how class discrimination, racism, and the paucity of mental health programs currently affect Mexican-Americans, an exploration of the origins of these inhumane attitudes has to be considered.

These attitudes originated in eighteenth-century England largely as the result of the political economy writings of Adam Smith and Thomas Malthus. England was in the midst of the great industrial revolution which found the government catering to the interests of the commercial class. The poor were ruthlessly exploited economically, which contributed to increased poverty. These problems were of little concern to the middle class, for they developed a rationale, "laissez faire"--the doctrine of free enterprise with no government intervention. The implication was that out of unrestricted competition the strong would survive and society would benefit. Adam Smith, in *Wealth of Nations*, asserted that one of the roles of the state was the defense of the rich against the poor. He regarded public assistance for the poor as an artificial and evil arrangement that consumed money which could have been used for wages. To furnish "unearned subsistence" (welfare), Smith concluded, was to further human misery.[2]

Thomas Malthus, in his *Essay on Population*, said that populations would always outrun the food supply. War, pestilence, and famine were seen by Malthus as "positive" checks on the growth of populations. He strongly argued that any government welfare assistance to the poor would only help increase their misery.[3] The "don't prolong the misery of the poor, let them die" attitudes advocated by Smith and Malthus easily fed into the philosophy of Social Darwinism championed by Herbert Spencer (1820-1903), an Englishman. Spencer, borrowing Darwin's biological theories regarding lower forms of life, extended them to man and originated the term "survival of the fittest." Spencer opposed all state aid to the poor because he thought they were unfit and should

be eliminated! In his words, "The whole effort of nature is to get rid of such, to clear the world of them, and make room for better. If they are sufficiently complete to live, they do live, and it is well they should live. If they are not sufficiently complete to live, they die, and it is best they should die."[4] Spencer's doctrines had great impact on American thought and were thoroughly absorbed.[5]

In the tradition of militant Social Darwinism society is organized chiefly for survival. It bristles with military weapons, trains its people for warfare, relies upon an autocratic state, submerges the individual, and imposes a vast amount of compulsory cooperation.[6] This is why today we find that over 66 percent of our annual national budget of $200 billion goes for military purposes. Only 34 percent of the national budget is available for all other government expenditures. That includes health, education, welfare, agriculture, national resources, pollution, post offices, roads, and foreign relations.[7] To be more precise, America spends $480.00 per person for war and only $14.00 per person for *health*.

This is why the richest country history has ever produced maintains 32 million people living in poverty. Michael Harrington claims that there are 40 to 50 million people living in poverty in the United States.[8] The majority of the poor in America are white, although the Blacks, American Indians, Mexican-Americans, and Puerto Ricans suffer from the most intense and concentrated impoverishment.[9]

Having the greatest medical, physical, and professional resources in the world, America has to accept the painful fact that twelve countries (including France, East Germany, Switzerland, and Japan) have lower infant mortality rates than the United States.[10] This is also why 16 Mexican-Americans were found starved to death in the barrios of San Antonio in 1965.[11] These inhuman values also account for the lack of mental health services in Chicano communities.

In addition to class discrimination, the various manifestations of white racism* affect the mental health of

*There is no one basic definition of racism, but for the purposes of this paper, Webster's definition of racism will be adopted. Webster defines racism as the assumption that psychocultural traits and capacities are determined by biological race and that races differ decisively from one another, which is usually coupled with a belief in the superiority of a particular race and its right to domination over others.

Mexican-Americans. From fifteenth- and sixteenth-century chronicles, we learn that the Aztecs, then numbering 20 million, developed a wealthy and powerful empire in central Mexico. Their culture was highly developed, and in that atmosphere there flourished highly advanced forms of psychiatry and psychotherapy. Dr. Diaz Infante, a Mexican psychoanalyst who worked with the late Father Angel Garibay of the National University of Mexico in translating Indian writings, reports that Aztec therapy was given by competent personnel and in institutions of high repute. The Aztecs had an amazing grasp of psychology, and translations of their documents show that they developed concepts about ego formation and psychic structure similar to those advanced by Sigmund Freud almost *five hundred years later.* These concepts appear in an Aztec document about dream interpretation.[12]

The Aztec physicians knew how to recognize persons who were manic, schizoid, hysterical, depressive, or psychopathic. Such persons were treated by a variety of methods including an early form of brain surgery, hypnosis, and specific herbal potions for specific disorders. With the colonization by Spain in the early sixteenth century, Spanish medicine based on European concepts was introduced. Spanish colonial physicians still held primitive ideas about the causes of disease. They believed that disease was a punishment for sin, caused by devils who had taken possession of the patient's body and spirit.[13] Because military might became associated with racial superiority, it was also concluded that Spanish medical practices were superior to those of the Aztecs. One can only speculate what great impact Aztec psychiatry might have had on the Western world and the United States if not for the racism practiced by the Spaniards. In spite of this difficulty, however, the first hospital for the mentally ill was founded in Mexico City in 1567. The first hospital for the mentally ill was not founded in the United States until 1732, in Philadelphia--one hundred and sixty-five years later.

Racism was the underlying dynamic of the "manifest destiny" called upon by American expansionists to support the conquest of Mexico in the mid-1800s. It was written that Mexicans "must amalgamate or be lost in the superior vigor of the Anglo-Saxon race, or they must utterly perish."[14] This Anglo-Saxon dogma became a chief element in American racism in the imperialist era, characterized by the political and economic exploitation of the Mexican in the United States right up to the present time.

Stereotypes are created by the dominant group as a means

of negatively identifying the minority group and keeping it in a subordinate, inferior position.[15] Many criminal stereotypes of Mexican-Americans were developed by Anglo-American society that provided the basis for institutional racism. William Wilson McEuen, reporting on a survey of Mexicans in Los Angeles in 1914 conducted under the supervision of Dr. Emory S. Bogardus, one of the country's outstanding sociologists, stated:

> The excessive use of liquor is the Mexican's greatest moral problem. With few exceptions both men and women use liquor to excess. Their general moral conditions are bad when judged by the prevailing standards. It seems just, however, to say that Mexicans are unmoral rather than immoral since they lack a conception of morals as understood in this country. Their housing conditions are bad, crime is prevalent, and their morals are a menace to our civilization. They are illiterate, ignorant and inefficient and have few firm religious beliefs.[16]

They were described as a "child race" without the "generations of civilization and culture back of them which support the people of the United States."[17] Another commonly held stereotype of Mexicans in Los Angeles was that they were carriers of knives.

With the dominant group clinging to these stereotypes and attitudes toward a minority group, an informal policy is in subtle ways communicated to law enforcement officials, telling them what they might expect or "look for" in their contacts with that minority group. This leads to what Robert K. Merton called a "self-fulfilling prophecy." It is not surprising to find, therefore, that in a city where Mexicans comprised 5 percent of the population, Los Angeles Police Department records in 1913 revealed that 24.3 percent of all drunk arrests were Mexicans and that 75.5 percent of all "carrying concealed weapons" arrests were also Mexicans.[18] Nearly 30 percent of all arrests and convictions for "suspicion" resulting in sentences of 90-150 days in jail were Mexicans--more by far then any other ethnic group per ratio of population.[19] Since Mexicans were viewed at that time as a "child race" by the dominant group and police, it is clear why they were more frequently placed under *suspicion*, like children, and hence arrested.

Today we find that drunk and drunk-driving arrests account for a little over 50 percent of all offenses in the Mexican-American East Los Angeles community--a significantly higher ratio than other communities. For example, the East Los Angeles area, with 259,275 population, accounts for 9,676 drunk and drunk-driving arrests per year compared to the 95-percent-white, non-Spanish-surname West Valley area, with a population of 260,832, where there are only 1,552 drunk and drunk-driving arrests per year. One might conclude that the larger number of arrests in the Mexican-American community was due to a greater incidence of alcoholism in the community. But this is not the answer, for the Division of Alcoholic Rehabilitation of the California Department of Public Health reports an identical number of alcoholics in each population--8,143 alcohlics per 100,000 population.[20] The answer lies in the large numbers of police that are assigned to the Mexican-American community--375 officers, averaging 13.5 officers per square mile, as compared to 151 officers averaging 3.5 officers per square mile, in the white, non-Spanish-surname community. The major crime ratios are practically identical, 1.4 percent.

With the exception of three or four Alcoholics Anonymous groups in East Los Angeles, and a modest public health satellite service, there are no detoxification or professional services available for Mexican-Americans with drinking problems. Apparently the only treatment facility continues to be the Los Angeles County Jail, where people of Spanish surname comprise 25 percent of the jail population for offenses related mostly to drinking. Not only is a father's mental health affected by being punished in jail for his medical symptom, but there is now evidence to show that committing a father to jail is soon accompanied by a depression in the school performance of his *children.*[21]

Another Mexican-American criminal stereotype that has existed for well over 50 years is related to narcotics. In 1930, when the population of California was 5,677,251, persons of Spanish surname numbered 262,801, or 4.6 percent of the population. However, persons of Spanish surname were greatly overrepresented in the prison population, where their numbers grew from 9.3 to 14.5 percent from 1918 to 1930--the average being 12.4 percent during this period.[22] A comparison of the Spanish-surname prison population with the total as to the nature of their crimes revealed that they were more frequently arrested for violations of the "State Poison Act," which related to narcotics (mostly marijuana). The California State Narcotic Committee in 1931 concluded that marijuana had a *widespread use* throughout Southern

California among the Mexican population.[23] The committee arrived at this inaccurate conclusion on the basis of a very small number of cases generalized to the larger Mexican population. Statistical evidence reveals that during the five-month period from January 1, 1930, to May 31, 1930, there were 152 arrests for narcotic offenses (56 percent marijuana, 26 percent morphine, 14 percent opium, and 2 percent heroin) in Los Angeles--site of the largest Mexican population in the United States. Of those arrested, 63 were Mexican--certainly not representing "widespread use among the Mexican population." This is an example of how racial stereotypes are generated and eventually become institutionalized.

Celia Heller's book, *Mexican-American Youth*, published in 1966 and in its fifth printing in 1969, contributes to the perpetuation of this historical stereotype. On the basis of an insignificant number of cases, 221 out of a population of 424,000 Chicano youth under 24 in Los Angeles, she believes that narcotics play a *significant* part in the lives of Mexican-Americans.[24] While Mexican-Americans are underrepresented in California state hospitals (3.3 percent), they are vastly overrepresented in prison. Of 40,000 adult parolees and prisoners in California, 20 percent or 8,000 are Mexican-American, held primarily for offenses related to narcotics. At the California Rehabilitation Center, a state prison facility for narcotic users which has 2,700 prisoners, 44 percent or 1,188 of the inmates are Mexican-Americans.[25] Does this suggest that Mexican-Americans utilize narcotics more than other groups? It has been known for several years that physicians and nurses comprise the largest single group of narcotic addicts in the country, but the record shows this group to be grossly underrepresented in the arrest and conviction columns.[26] This is just another dramatic example of class discrimination and institutional racism.

I do not want to leave the impression that one *only* finds problems related to drinking and narcotics in the Mexican-American community, but these issues were highlighted to demonstrate how California has institutionalized approaches for "handling" Mexican-Americans based on historical racial stereotypes. Schizophrenia, for example, is a world mental health problem which reportedly affects one out of ten persons. This figure is generally accepted in the United States. The Los Angeles County Mental Health Department reveals that 13 to 17 percent of its outpatients in ten regional services carry the diagnostic label of psychosis--mostly schizophrenia. The East Los Angeles Mental Health Service, located in a Mexican-American community, easily reports a percentage

of *twice* this figure.

Undoubtedly, there are many treatment approaches to schizophrenia, although Finland and Belgium exemplify particularly progressive approaches. Finland uses a skilled family pscyhotherapy approach, with light emphasis on medication,[27] while Belguim is famous for its Geel community approach, where there exists sensitive community understanding and therapeutic support for psychotic and retarded patients.[28] European countries deploy their psychiatrists in treating the more difficult, chronic psychotic cases and leave the treatment of neurotics to paraprofessionals and mental health aides. In the United States we do the opposite--we assign the difficult, chronic psychotic patients to paraprofessionals and aides, and the neurotic patients are by and large seen by psychiatrists and psychologists in private practice.

A strong reliance on medication for the management of psychotic patients in poor communities eventually becomes an antitherapeutic measure, as the patient is never able to realize his fullest psychotherapeutic and social potential. Paraprofessionals and community aides will eventually become discouraged with these patients. Intensive, comprehensive, therapeutic approaches based on skilled, quality service must be instituted in Mexican-American communities. Quality health care should not be an economic privilege--it is a basic human right! The mental health problems that Mexican-Americans are currently experiencing in society are very much related to the impoverished socioeconomic conditions found in Chicano communities. They are the casualties of what Dr. Galarza has called "institutional deviancy." The role of mental health workers should be not simply to provide treatment to people in need, nor to help them "adjust" to society's deviant systems, but rather to change those conditions that are the underlying causes of the problems. This, therefore, calls for *social action* by mental health workers, the recipients of the services, and the Chicano community.

This approach, however, poses a dilemma and a very serious question to consider. Will the establishment, and public and private resources, fund a comprehensive mental health agency that provides treatment *and* attacks the underlying causes of the problems?

NOTES

1. August B. Hollingshead and Frederick C. Redlich, *Social Class and Mental Illness* (New York: John Wiley & Sons, 1958) pp. 216-217. Hollingshead and Redlich concluded that (1) a definite association existed between class position and being a psychiatric patient and (2) the lower the class, the greater the proportion of patients in the population.

2. Blanche D. Coll, *Perspectives in Public Welfare* (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1969), p. 9.

3. T. Walter Wallbank and Alastair M. Taylor, *Civilization: Past and Present* (New York: Scott, Foresman & Co., 1955), p. 168.

4. Richard Hofstadter, *Social Darwinism in American Thought* (Boston: Beacon Press, 1944), p. 41.

5. Ibid., p. 50.

6. Ibid., p. 42.

7. "The Crisis is Mounting," National Association of Social Workers Special Report, Los Angeles Area Chapter, 1970.

8. Michael Harrington, *The Other America* (New York: Macmillan Co., 1963), p. 185.

9. Ibid.

10. Frank Falkner, "Infant Mortality: An Urgent National Problem," *Children* 17 (May-June 1970): 83.

11. Stan Steiner, *La Raza: The Mexican-Americans* (New York: Harper & Row, Publishers, 1969), p. 152. This figure is attributed to James Kazin, director of the Economic Opportunity Development Corporation. Steiner notes that "starvation" is not a statistic officially recognized by the coroner.

12. Guido Balsasso, M.D., "The History of Psychiatry in Mexico," *Hospital and Community Psychiatry 20* (November 1969): 342.

13. Ibid.

14. Richard Hofstadter, op. cit., pp. 171-172.

15. Arnold Rose, *The Roots of Prejudice* (Paris: UNESCO, 1951), p. 11.

16. William Wilson McEuen, *A Survey of the Mexican in Los Angeles*, unpublished master's thesis, University of Southern California, 1914, p. 100.

17. Ibid., p. 102.

18. Ibid., p. 80.

19. Ibid.

20. "California State Plan for Community Mental Health Centers," State of California, Department of Public Health, Bureau of Health Facilities Planning and Construction, June 1968, p. 301.

21. Sidney Friedman and T. Conway Esselstyn, "The Adjustment of Children of Jail Inmates," *Federal Probation* 29 (December 1965): 59.

22. "Report on Crime and the Foreign Born," National Commission on Law Observance and Enforcement, U.S. Government, 1931, p. 202.

23. Ibid., p. 205.

24. Celia S. Heller, *Mexican-American Youth: Forgotten Youth at the Crossroads* (New York: Random House, 1966), p. 74.

25. As reported to the writer by CRC Board Member Martin Ortiz at a "Correctional Reforms" conference held in East Los Angeles, June 28, 1969.

26. M. Nyswander, M.D., "Narcotic Addiction," *American Handbook of Psychiatry* (New York: Basic Books, 1959), p. 616.

27. Yrjo O. Alanen, Aira Laine, Viljo Rakkolainen, and Simo Salonen, "Evolving the Psychotherapeutic Community: Research Combined with Hospital Treatment of Schizophrenia," paper presented at the conference "Schizophrenia: The Implications of Research Findings for Treatment and Teaching," sponsored by the National Institute of Mental Health,

Washington, D.C., May 30 to June 2, 1970.

28. Jan Frans Schrijvers, M.D., "The Significance of the Geel Family Care Plan for the Study and Treatment of Schizophrenia," paper presented at the conference "Schizophrenia: The Implications of Research Findings for Treatment and Teaching," sponsored by the National Institute of Mental Health, Washington, D.C., May 30 to June 2, 1970.

THE IMPACT OF THE MENTAL HEALTH OF ANGLO SOCIAL INSTITUTIONS UPON THE MEXICAN-AMERICAN

Octavio I. Romano-V.

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I am not a specialist in mental health. I think that if I were, I would give a very high priority to launching an intensive investigation into the mental health of the people who have tested Spanish-speaking students in English and then labeled them mentally retarded. Such a distortion of reality is absurd. Somehow, as we go through the figures, we find that in 1966 there were 30,000 Chicano students in mentally retarded classes in California alone. Individuals involved in this absurdity are counselors, psychologists, and school teachers. It is unbelievable that anything like this could happen in a technological, urbanized, scientific, industrial society--and yet, it has happened.

What I have to say today really represents a further pursuit of this theme. If I am to pursue the subject of mental health among Chicanos, I cannot help but draw parallels between the peculiar beliefs of the Anglo culture which surrounds them. It seems, for example, absolutely idiotic to have a book like *Mexican-Americans: A Subculture* focus so strongly on witchcraft, and never once refer to Anglo-American witchcraft, which most of us know is a major industry. If I were going to study Chicano witchcraft I would want to compare it to Anglo witchcraft. Only in that way would we get some kind of balanced picture. Or suppose I was to focus on such a concept as "fatalism." It seems useless to me to discuss Latino fatalism and ignore fatalism as it exists in the United States as a whole. When the Latino shrugs his shoulders and says, "What the hell!" that is fatalism. When the Anglo does it, that is alienation. If you read the literature of alienation and then go through the literature of fatalism, you will find that the words describing the conditions are almost identical. Only a different set of

semantics is employed.

I have the same opinion of a focus on "family ties" among the Chicanos. It seems useless to me to isolate this aspect of Chicano life without some kind of comparative material on family ties in Anglo-America (which are much stronger, by the way, than most people will lead you to believe. Because most kids wouldn't get through college if there weren't strong family ties in Anglo-America). Let's look at Chicano "folk medicine." It wouldn't make much sense to me unless I compared it to Anglo-American folk medicine as it exists in the drugstores, in the world of television advertising, and in the current fad of health food stores.

What I am saying, of course, is that fatalism, witchcraft, folk medicine, strong family ties, even *machismo*, are very strong Anglo-American characteristics. But in dealing with the Chicano, these characteristics are isolated and handled has if Chicanos were unique. Being unique, they are different. Being different, they must be deviant. Or, as Celia Heller, the Hunter College sociologist, is so fond of saying, they are "less Americanized." Or as Lyle Saunders likes to say, "unacculturated." Or as Florence Kluckhohn would have us believe, "steeped in a traditional culture of fifteenth-century Spain." The Chicano orders his universe along "affective lines," whereas the Anglo orders his universe along "instrumental lines." Translated into English, this means "We are rational, they are not. They are emotional people." So if I were a specialist in mental health, not only would I study the high school counselors that label Chicanos mentally retarded, but I would also study the mental health of the social scientists who have written about the Chicano.

Perhaps I would select another route. I would go through the categories that one encounters in the field of mental health, such words as deviant, irrational, pathological, dysfunctional, neurotic, and so on. I was talking to Armand Sanchez not long ago, and it dawned on us that these words do not exist in the barrio. How many times have you heard the word irrational in the barrio? How many times have you heard the word deviant or neurotic? This is quite interesting. If such words are not used in the barrio, does that mean that Chicanos behave differently, so that there is no need for these words? It seems to me that there is certain behavior that could be labeled "not acceptable" in the barrio. What are the words used to describe this? And this is crucial--the labels you use to describe human beings are very crucial indeed, because everybody knows that in medicine the label

denotes the treatment. So what do you have in the barrio? You have words like *esta loquito; es senso;* even *menso; esta zafado.* What are the differences between the barrio terms and the technical terms? The technical terms like "dysfunctional," "irrational," "pathological," are separating terms. By a word or label you separate them out. But the counterparts in the barrio are not separating terms; they are descriptive terms through which a whole series of incorporating mechanisms takes place. What I am trying to say is that, in the barrio, you don't have a polarized duality--rational/irrational, functional/dysfunctional. To put it in other terms, what I am saying is that a Western European model is dysfunctional when studying the Chicano, possibly irrational.

I have dwelt to a slight degree on what the Chicano is not. He is certainly not what appears in Celia Heller's book on Mexican-American youth. What I think of when I think of that book is a quote in which she says, "It may be suspected by some that the high degree of delinquency in the Mexican-American community stems from deviance, but this is not the case. It stems rather from over-conformity to the culture." I think in that one quote you find the reason why such books persist in being so popular. What they say essentially, of course, is that Chicano culture is a major cause of crime among its people. When you wonder why that book is in its fifth printing, it becomes very plain that it is because it tells people what they want to hear. Such books grossly overrely on such ideas as *el campesino* [the field worker] and the agrarian society. Their authors go into a Chicano area like South Texas, New Mexico, or Arizona and see Chicanos working in the fields--therefore, they must all be agriculture types. This then become the basis for constructing the study. In actuality, of course, in the migrations that have taken place from Mexico to the United States, there have been musicians, bartenders, blacksmiths, jewelers, carpenters, Indians, religious people, atheists, masons, counter-revolutionaries, philosophers, and just about every other category of human occupation and existence that you can think of. For many the only work available was in the fields; ergo, they must all be agricultural.

At the turn of the century it was easy to note three major philosophical currents in the *colonia.* They are what I call *Indianist philosophies, historical experience,* and *confrontation.* These can be found in the poetry, drama, and newspapers in the *colonia.* Around these three central themes emerged discussions between nationalistic men and universal men, between clerics and anticlerics, mutualists, classical

anarchists,* nihilists, agrarian and urban men, Indians, and mestizos.

Hence, the ideology and the philosophy that are the heritage of the Chicano are *pluralistic.* Because they are pluralistic, Octavio Paz ran into great difficulty in trying to distinguish the heart from the soul of the Mexican being. I think the reason why he had such difficulty is because he was trying to conceptualize into one "modal" personality a pluralistic society based on many different lifestyles, scores of different historic trends, and multiple intellectual currents. The Chicano in many ways is a pluralistic society in himself. Sometimes, in my more humorous moments, I like to reflect upon the fact that in its major efforts toward a pluralistic society, the United States is trying valiantly to catch up to where the Chicano is today.

It seems to me that a pluralistic people with a multiple set of histories could only result in a pluralistic population that is highly complex. That is why when Corky Gonzales sat down to write about the Mexicano and Chicano, he had to include these many trends. I'm sure you know his work, *I Am Joaquin.* When you ask, "Who is Joaquin?" he answers, "Joaquin is Cuauhtemoc, Cortes, Chichimeca, Spaniard, Indian, mestizo, village priest, Morelos, Don Benito Juarez, Zapata, Yaqui, Tarahumara, Francisco Madero, Murieta. Joaquin is slave; Joaquin is master. Joaquin is the exploiter; and he is the exploited. Joaquin is Latino, Hispano, Chicano. Joaquin is in the fields, the mines, the suburbs, the prisons. Joaquin's body lies in the ground in Mexico, his body lies in the ground in the United States, in Normandy, Korea, and now Vietnam. Joaquin is many men. In this sense of being many men, he is every man."

What about *el Indio?* Indianism, in the sense of *indigenismo* as it has occurred in Mexico, has never really been a central rallying cry for the Mexican-American, and yet you find elements of Indianism everywhere you go. It is not

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*When I say anarchists, I use the term to mean *classical anarchists,* very different from the stereotyped, bomb-throwing madmen who have preempted the term in the last twenty or thirty years. Originally, the anarchists' philosophy was based on mutualist enterprises, cooperatives. We find the present descendants of the original anarchist movement in such forms as cooperative stores, mutural loan companies, mutual insurance companies, etc., etc. This is the anarchism that I refer to; basically a decentralization of economic power.

a rallying cry, but it is omnipresent. It is found in calendars, pictures, and the scenes put on by the *teatro campesino*. You find it in *El Grito*, you find it on walls and paintings, you find it in poetry, in *El Gallo*, *La Raza*, *Bronce*. It is very common and we take it for granted. So while on the one hand it may not be a central cry, it is an omnipresent theme that we encounter every day of our lives. Understandably, the Chicanos are particularly resentful about the treatment of the Indians in American movies.

Another major theme that has been a part of Chicano experience has been *historical confrontation*. This again is an aspect of Chicano life that has not yet been fully written. I would estimate that it would take five to ten volumes to write it in the way it really happened. It began about 1850 and it is still going on today. In fact, the current situation at Delano is merely an extension of history rather than the introduction of something new. This bit of history goes back to 1903, when the first Mexican strike took place in California.

One of the aspects of confrontation that occurs and recurs is that of separatism. Not only has confrontation in the Mexican experience taken the form of labor strikes, but it also took another form that can be seen in the *Pachuco* movement.* In the history of the United States, the Pachuco movement was one of the few truly separatist movements. Perhaps this was because it did not seek a historical view. Instead, what the Pachuco essentially did was to indulge in a self-separation from history. In so doing, he transformed himself into existential man. That is why Octavio Paz had difficulty in dealing with the Pachuco, because he didn't know how to deal with human beings who had separated themselves from history. He didn't know how to deal with existential man in a work where he was looking for historical roots. Like existential man everywhere, the Pachuco was put down rather brutually.

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*The *Pachuco* movement was a forerunner in the 1940s of Chicano cultural nationalism in the U.S. The term derives from the name of a Mexican town and is said to be associated also with a Mexican antigovernment movement of the 1930s based on dissatisfaction with the Mexican Revolution's meager land reform efforts. In the U.S., the movement developed its own styles of dress and a new language of its own, borrowing from both Mexican and Anglo tradition to synthesize a separate and distinct culture. The movement was crushed by police. --Editor.

What about the immigrants? I would like to quote a little poem by Richard Oliva. It goes something like this:

> I was sitting in my history class and the instructor commences rapping
> I am in my U.S. history class and on the verge of napping.
> The Mayflower landed on Plymouth Rock, tell me more, tell me more.
> The thirteen colonies were settled, I've heard it all before.
> What did he say? Dare I ask him to reiterate? Oh, white father.
> It sounded like he said, "George Washington is my father."
> I'm reluctant to believe it and suddenly raised my *mano*.
> If George Washington is my father, why wasn't he Chicano?

The immigrants coming to the United States, being a complex population, took complex roads in their quest for life. The directions that they took have been four: (1) Anglo-Saxon conformity, (2) stabilized differences, (3) realigned pluralism, and (4) biculturalism.

We all know pretty well the model of *Anglo-Saxon conformity*, and a rather good discussion of this can be found in Milton Gordon's book, *Assimilation in American Life*. Those people who seek Anglo-Saxon conformity cross an invisible barrier and then are said to have become "acculturated." This is a technical term, acculturation ... which I define as the process by which people exchange one set of problems for another!

The *stabilized differences*--since 1921, there have been over one million immigrants from Mexico. This is the figure that is generally available; it could be more, and it could be less. Wherever they have gone they have found cultural pockets in which to live: *barrios, colonias, ranchitos, familiares*. To a high degree, much of their historical past has been retained over time. They have *not* just been assimilated. This is what I refer to an a condition of "stabilized differences." This isn't a unique experience, by the way. There is a book by Ned Spicer at the University of Arizona entitled *Cycles of Conquest*. He studies the American Southwest and the Indians, and he goes back into history four or five hundred years. It dawns on him that Spain arrived in the Southwest with a clearly delineated program of

what Spaniards wanted the Indians to be like. We all know that this program failed. When Spain was no longer dominant, the Mexican government had a clearly delineated idea of what it wanted the Indians to be like, and it, too, failed. Then the United States took over the Southwest, and it had a very clear idea of what it wanted the Indians to be like. It, too, has failed. This pattern prompts Spicer to ask some questions. Even though major religious, spiritual, and political forces are brought to bear upon a small population, it brings about minimum change. Spicer then looked around the world and noted that the existence of minorities has been normal in the history of the world. If you stop to think about it, today there isn't a single major nation in the world that doesn't have its minorities. Japan has the Ainu, Australia has the Aborigines, Canada has its French, France has its Algerians, Brazil has its Indians. All over the world this is a situation more normal than abnormal. In fact, the Roman Empire had minority groups within it for 900 years. Stabilized differences, then, have existed for centuries.

There has also occurred among some Chicanos a condition referred to as *realigned pluralism*. This term essentially applies to individuals who have taken on major customs of the society around them in a form which reinforces their ethnic identity. They may form ball clubs, gangs, organizations, scholarship groups, community service groups, etc. Over time, the parents' culture becomes less and less the focal point of identity, and new ethnic and religious identities increase in importance. And so today, you have Jewish Boy Scouts, Methodist Boy Scouts, Catholic Boy Scouts, Catholic schools, Jewish schools, Protestant schools. You have colleges--major aspects of contemporary life--organized around ethnic, religious, or political blocs. Note that these ethnic and religious groups tend to be "endogamous"--that is, the group members almost never marry outside their own group. This is a common theme among American ethnics, and portions of the Chicano community have certainly followed this pattern.

And finally there is *biculturalism*. It is interesting to me that, despite merciless educational pressure brought to bear upon the Chicano student to stamp out biculturalism (and especially to stamp out bilingualism), it still persists in many forms. It persists along the border among the Chicanos who can operate equally well on either side of the border. It persists in schools and colleges. It persists in Mexican bookstores and gift shops. Recently, there has been an interesting element introduced into this biculturalism. Someone raised in the barrio who didn't have much

chance to read somehow manages to stay in school, finds himself in a college or university, and begins to read people like Pablo Neruda or Gabriela Mistral. He begins to listen to music by Carlos Chavez and Villalobos, and begins to read guys like Guzman. And he reintroduces himself to his own history, but at a different level. This then becomes his world. A by-product of higher education is not to maintain separation of the Chicano from his past, but to *reintroduce him* to it through the written word. I think some of the most interesting developments today are Chicano studies programs, particularly those that have been set up by Chicanos themselves. There is a fantastic range of interest represented in the proposals now being written for tentative curricula. Indeed, this is a pretty complex population, a pretty complicated people.

Now this being a complicated population, the families are complex, too. I know of no Chicano family which does not represent this complexity. I can use my own family as an example. The people in my own family range from a *tamalero* who hasn't raised prices on his tamales since 1948 to a guy who refuses to speak Spanish. There is even a genius in my family, but I don't want to talk about myself. My family is not monolithic in the sense that you find in some of the literature. It is not a patriarchy, authoritarian, dominated by machismo (which is a pathological concept). It doesn't fit any of these narrow and inadequate concepts.

So here we are in California in the 1970s, and while all this has been taking place, California has not been asleep. It, too, has been changing. Life has been changing from a frontier-type existence to a highly urbanized, industrial subnation. California today is probably the model of the United States tomorrow. It is the second most urbanized state in the nation (New Jersey is the first). California is 84 percent urbanized; the Chicanos are 86 percent urbanized (someday California will catch up with the Chicano).

Today the population of California is around 20 million people. Of this total, the civilian labor force totals six to eight million. In the course of history, a state like California evolves institutions to train its youth for adulthood. It also develops systems and subsystems for taking care of citizens during times of illness, unemployment, disability, incarceration, emotional breakdown. In a sense, all these activities tend to be oriented toward making people productive--toward helping them to join that six to eight million work force. And so we have hospitals, schools,

social welfare, prisons, jails, probation workers, mental institutions, universities, etc.

Such institutions are the mark of a modern technological society. Note that everytime an individual comes under the care of a new institution, his legal status changes--and the institution takes a part of the responsibility for his existence. So you have sign-in and sign-out points and what amounts to fairly complex "rights of passage" in and out of institutional care. Of course the legal status of a mental patient changes when he is committed. But note that even a student's rights on the school ground are not quite the same rights he has at home. A principal may even make a kid cut his hair!

In general, then, everytime an individual comes under the care of an institution, his legal status as a citizen changes--in most cases, his freedom of action diminishes. Now how many people in California at this minute are under institutional care of one kind or another? How big a role do social institutions play in a modern industrialized state like California? Some approximate figures would include the following:

1. At this moment, there are nearly 1,500,000 people under some kind of welfare care (the aged, children, broken families, the blind, etc.).

2. Youth authority includes nearly 6,500 among its wards, and there are 4,000 in juvenile halls. City and county jails house 27,000 prisoners, many still awaiting their formal and final processing. State prisons would add many thousands more--and thousands are on parole or probation (of course, many of the latter are presumed to be working and are therefore part of the "productive" labor force).

3. Of army inductees, there are 80,000.

4. On a given day, there are nearly 110,000 inpatients in California hospitals. Schools for the retarded house 52,000.

5. Public schools enroll over 4,500,000. Private schools total about 428,000.

The grand total would require more precise and inclusive figures than what I have briefly outlined thus far. But it is apparent that there must be a rough total of nearly *7,000,000 people* who are under some kind of formal institu-

tionalized care of one type or another in California. To care for all these people you need what I call a *caretaker population*. This is the group in whose hands rest most of the legal status and the rights of passage of those being cared for. Add up the police (41,400), social welfare workers (20,000), school personnel (221,000), hospital personnel (205,000), etc.--and you have a caretaker population of well over 500,000.

Thus those caught up in or rendering institutional care of one kind or another mount up to a figure which approaches 8,000,000 out of a population of around 20,000,000. That is two-fifths of a state. It is really not far below half the population. If you added in people on retirement income, it might pass the halfway mark.

This is the nature of society as it is today. The Chicano of today must address himself not to the classic concepts of what society once was thought to be all about, but to the new form of society, which I call "the caretaker society." Now we all know from organizational theory that institutions tend to perpetuate themselves. What happens when a caretaker society becomes increasingly cumbersome? What about the cases where a given child is on probation, on social welfare, in school, and has to be taken to the hospital--at a young and tender age, he may have four institutions controlling his life, and fighting each other for the privilege.

No matter what direction they take, how they are rationalized, most of these institutions tend to operate on a basis of coercion of one kind or another. It makes you wonder if such Anglo concepts as social mobility really apply in a caretaker society. Are the old notions of social class still useful in analyzing contemporary technological states? Note that while we have a lot of individual studies now about individual institutions, we have very little empirical material about the overall picture--the overlap between one caretaker activity and another, the relationship between schools and prisons, health care and welfare, college professors and unemployment counselors, and so on.

Perhaps the first question for many of you is, are you going to be a caretaker or a subject? *Y es todo.*

CHICANO DESIGNS FOR NEW MODEL "MENTAL HEALTH" SERVICES: I LUCHA

Roberto Castro

Roberto Castro works with LUCHA, the League of United Citizens to Help Addicts, in Los Angeles.

In California, we have about 30,900 Chicanos in prison. Eighty percent of those convictions are due directly or indirectly to narcotics. Violent crimes and robberies account for only a minimal number (despite the picture we get on TV of the Chicano as a fierce Frito Bandito!). Forgive me if I have to equate my experience with Chicano experience. Much of my experience has to do with my upbringing in the barrio and the conditions there. Much of my particular education was self-education, and I finally graduated into San Quentin. When you're in a cell which is approximately four by eight, you have time to look at yourself and do a lot of thinking. I used to get up in the morning and look into the mirror. Every morning I would notice something about me that I had never noticed before, something different. I found that I really didn't know myself. In reflecting on everything that has happened to me, I have a tendency not to want to assimilate into society.

I honestly think that the Chicano is at a crossroads. We have people who think that education is going to better our lot. Some people think that if we get political power, we will better our lot. We have people who are saying, "Let's get our land back, let us determine our own future, let us meet our own needs."

At LUCHA (League of United Citizens to Help Addicts) we are attempting to better our lot in the community. We started by trying to help the drug addict. We were forced into the role of full participation in the community. We are called whenever the people in the community feel that certain Chicano leaders in the community are not behaving according to Hoyle. This is our role in the community now. It is going to continue to be our role.

Social institutions determine the psychological implications and the social repercussions that are involved as far as drug addiction is concerned. We have been isolated from the Black communities and from the white communities. We have been left to fend for ourselves. One consequence is that our creativeness hasn't been eroded and coopted by others. We have been able to fend for ourselves and to develop our capacity to think and to solve our problems. I don't think the Chicano is *estúpido*.

Now we are ready. I was at UCLA in a Chicano seminar and I think the Blacks have been interacting partly in our direction. Everything, of course, has a direction in which it should go. One Black leader has said that the Blacks are the savior of this country, but I wonder if Black people want to be a part of this society and embrace every facet of this society, prestige, power, and money, everything that has made this the sick society that it is. I think that sickness is manifest in everything that is going on. But now is a time when attitudes are being defined, wheels are being put into motion. I think that we Chicanos can play a vital role and have a valuable contribution to make, not only to society but to humanity itself.

I think we should go in this direction, because in talking to college groups and others that are having a confusion of philosophy thrown at them, I see a tendency to lose direction, to start thinking in terms of universal concepts and to forget the struggle that is going on now. We are in the midst of the struggle; we are at the heart of it. We have to think about it in these terms. This is our sacrifice in order to advance our people. We don't have to sit down and contemplate our thoughts and actions, because if we do that we are never going to move. It is not action for the sake of action itself, but in the direction of bettering our lot *now*, not in the future. We must think in terms of the *raza cósmica en el futuro. Pero todo el tiempo tenemos la dirección y teniendo la dirección no nos va a fallar. Y no ha visto en las prisiones* [*raza cósmica* in the future. But all of the time we have this cosmic orientation, and having this direction, we will not fail. I have not seen this kind of thing in the prisons] where Chicano cultural groups and unity was never a thing that happened. It is happening right now. You can really see the Chicanos who have been conditioned to think that they will never be able to help themselves. I think that in observing all these situations, where I see the worst of the worst, I stand up and say, "What am I doing here?" You can do the same thing by asking yourselves what you are doing here. You can ask how

you can relate to the Chicano. We don't want to accept that we are mentally ill, we say we are not sick. How can you say that we are sick when our attitudes have been preconditioned by things that have happened to us? We have this ability to negate, to blot out the conditions of this society.

What do you tell students? We tell them to consider a course of nonviolence, and yet the government itself looks like one of the most violent governments there is in this world. These are some of the contradictions that we want to erase. That is what we are asking: How can you be comfortable when you know you have a Chicano working for $1.30 an hour, and his kids are hungry? How can you be satisfied with your particular endeavor, your education, and everything else that goes along with it? This is the same thing that is happening throughout the world. How can the United States be happy knowing that there is hunger and suffering in Africa? How can we Chicanos feel content in knowing that there is suffering among our people? Nobody has been able to help our people, but now we are awakening. You would be surprised as to how many people are really in the dark. The missing link in our movement is the middle man. The middle man is also watching. He is not going to feel ready to move until we have shown him that we are sincere. This is one of the things that I feel is lacking in the movement in terms of trying to justify ourselves and our motivations. We must steer a course towards truth. We must not get down in the racist's bag. We must move toward a course of truth and justice for all, not for a few, but for all. I think this is our country. Unless the Chicano movement and the human movement embrace this truth, we are doomed to failure. I honestly believe this.

I want to tell you a little about what we are doing. We have indeterminate sentence laws which allow prison sentences of five, ten, and fifteen years to life. Those are minimum sentences before you are considered for parole. We are attempting to change these laws. We are motivated by the fact that a lot of Chicanos are finding themselves in Folsom Prison with a fifteen-to-life sentence, whereas the average murderer is doing something like twelve years and is eligible for parole in seven Where does this leave the Chicano? Where does it leave his wife and his kids? The kids become delinquents without a father figure in the family, and the wife has to go on welfare. The guy has lost his political power. The guy is under care and is on parole for life. As a consequence, these guys at the prison can say he has violated any one of the fourteen conditions of parole that

they have in California. He has no due process of law and can be reimprisoned on such counts as not gaining employment, consorting with people of ill repute, moving without reporting his new address, and living with his ex-wife. Any infraction is sufficient basis to return to prison for anywhere from two to three years. How does this affect the Chicano? How does it perpetuate this thing of finding the daughters and sons going to prison? What are the psychological implications of this? The parents live under the traumatic experience of the bill collector. The kids experience loss of dignity because they live on welfare. How does this affect behavior? All of these things are happening to the Chicano right now in California and East Los Angeles.

We are now using our power and persuasion throughout the state to make the people aware of the drug addiction problem, which is a social problem. It is a mental hygiene problem, not a criminal problem. We are tyring to change attitudes. We are attempting to bring attention to this situation by introducing an initiative ballot in the state of California to amend these laws and seek some kind of correctional reform. It has been said that the correctional system in California is one of the most advanced. Well, I think it is retarded about fifty years. We are definitely going to ask the people of California for their support. I think some of you have already seen our petitions. We intended the effort as an initiative ballot to augment the committee that is going to be formed in the House of the Assembly. We decided that we would bring it up as an initiative ballot before the people. Then it will be the people's will, a manifestation of the people. This is going to be a manifestation from poor people. The Black people and the poor whites are going to be affected by this also. One-third of the drug addicts are people who have legal prescriptions in the more affluent society.

I think the people of California are ready to listen to us. These laws were enacted in 1961, and since then the statistics have soared in drug addiction. In closing, I am asking you people of California for your complete support. Take my request to your organization and present it. We really need your support. We have been a forgotten element, we ex-convicts. Sometimes I hear a mother say that she knows her son is safe by being in prison. What does she mean, he is safe? Prison is one of the most vicious places you can be. We are going to meet with the directors of mental health in Sacramento and we are going to elaborate on our needs. This is going to give us a chance to tell it like it is.

CHICANO DESIGNS FOR NEW MODEL "MENTAL HEALTH" SERVICES: II
THE SAN ANTONIO PROPOSAL:
A NEW KIND OF MENTAL HEALTH CENTER

Mariano Aguilar

Mariano Aguilar works at the Northwest Mental Health Center in San Antonio, Texas.

Gracias! I'll just claim my Chicano prerogative and speak whatever language is more comfortable at the time. *Esté*, it's going to be hard to follow this California dude, Roberto Castro, who just spoke. He's really together. Much of what he says his people are doing, these ex-drug addicts trying to help guys coming back to East Los Angeles from prison, we can all learn from. In fact, we're doing some things like that in Texas now. We have ex-addicts working in our San Antonio barrios who are all heart, real *tecato* cats, and I can tell you they're more effective with addicts than anyone else around, no matter what his so-called training.

That leads right into what I'm supposed to talk about today, "a new kind of mental health center." First, I want you to know that all we're really doing so far is running an extension from a center. The gringo is afraid that if we get a whole center we'll run away with it! *Esté*, it's that simple.

Now when we heard about the "mental health movement" from various people, Juan Ramos and some others, the phrase that kept coming up in the publications we read was "maximum citizen participation." So we said, "Let's put it to a test. Let's get into this bag. The gringo runs in and out of our barrios studying us, but we've lived here all our lives. We've allied ourselves with our Chicano brothers, formed several groups now. We may be nonprofessionals but we may know more about our own barrios than the gringo."

So a year ago we confronted the psychiatrists and psychologists who had wandered into our barrio. They are a new

breed and I think a lot of them are carpetbaggers. A lot of them are *desgraciados*, just like the old invasion when the Anglos came in and took the Alamo. These people come down here and tell us, "We know all about your problems and here is a program that's going to solve them. The Federal government has given *us* so many dollars and we're going to give *you* five basic services."

We looked these five basic services over and they seemed worthless to us. We've got the barrio to think about, all the things happening in our barrio, and they tell us we need to use our energy setting up things called "open ward hospitals," "24-hour treatments," inpatient and outpatient "modes," emergency "modes," and something called a "consultation service."

So we approached them and said what *they* needed was some of this community participation. We said you need people from this barrio--real workmen. You'll never get real community participation, whatever that is, from the staff or the board. The gringo you send out to the barrio plays up to the liberals on the board, his kind of liberals, and together they manipulate our town meetings, our foundations, our mental health boards. Just look at the structure of all these boards we have. Now, gringo, we said, be a nice benevolent gringo and *give us a job*. So they did--they gave us two positions.

So we started working. The first thing we found we had to do was define what is mental health. We'd sold the gringo on the idea that we could provide him with citizen participation. "Fine," he said, "You go out in the neighborhood and explain the mental health movement and tell the people in the barrio what those five basic services are all about."

We really tried to talk this jive about the five basic services, and you know what the people told us? "You are crazier than we are!"

And they asked us: "What do you do? What is mental health? Tell us, we're listening."

And so then we tried to make some sense. We said, "Mental health, it's the community at large. The gringo is the one who is mentally ill, and we're the ones doing the therapy. We're the ones helping them. They don't realize it, but it's good for them. One of these days, they'll thank us. Right now they cuss at us, but even they can learn, and some-

day they'll thank us and take some of our hints. *A la brava!"*

Now you can see what I'm really trying to talk about. We all know people in the barrio need a lot of help--and we think one of the best ways to help them is to throw the gringo out. We need help, and what we have now is a rat's nest of service institutions, all backed and financed by the churches or the United Fund. The gringos are great at giving us these kinds of services. It lets them ask us, with straight faces, "What do you want? You're getting services, aren't you? Look how much we spend on you every year."

Man! We want your jobs. *We* want to make the decisions.

Now you should know I worked for a settlement house. I'm a product of a settlement house. They cater to everyone, but they get a selected clientele of families and they raise them. I was one of those people. That was my education. Everything was planned for me. I didn't know it but they were planning my life for me. They put me here, they put me there, they told me when to go out and when not to go out. But I was rebelling. I was always rebelling. When I was twelve years old, I circulated a petition to kick out the group work supervisor. When I got older and they wanted me to go to college, I wanted the army. I went into the army. When I came back, I went to work for them. But still they wanted me to work just the way they told me to. At the same time, the Chicano movement was bubbling, bubbling all over, and it was all heart. Chicanos! We were Chicanos!

So we started doing our own kind of work with the social service agencies. They didn't like that at all. We were getting too controversial. "You're messing with the lives of the people. You're leading them and we don't think they're ready yet."

But who were these guys to tell us if we're ready or not? So we quit the whole social service establishment. We got a single room to operate out of, but the people we've got are all Chicanos who care. And we work. We work like hell. Sometimes we kill ourselves all week, all month; but then at other times, we might close. (That's a Chicano thing for you--when there's work to do, you work, When there isn't, you don't pretend to work. We don't "put in our time" like the gringo.)

So the main thing we're learning is how to take the jobs

held in the barrio by the gringo. What we're trying to do in San Antonio is develop a mental health center with *this* as the basis. We want to run our own show. We don't want the gringo butting into the barrio where he's never lived, never learned to feel.

Now we're not stupid. Our attitude is, when we need your help, you psychiatrists, psychologists, social workers, we'll call you in. We want specialists like these under our direction and available. (Right now, we have problems finding them when we need them, though. They're all tied up with caseloads and therapy hours. When something happens in the barrio, you need help immediately. The gringos call this "crisis intervention," but somehow they're not very good at it).

But when there's a brawl or someone is getting the stuffing beat out of him and calls the police or brings in a brother to straighten out another brother, the people can handle this themselves. The basic qualification for most of these kinds of problems is to have lived in the barrio and to have found out how to survive there.

And also, you have to be able to feel what's good and beautiful in the barrio. You can't work in the barrio if you shudder everytime you go there! Gringos don't see the beauty that the barrio has. They say it's so noisy, even the music is too loud. We say we can go outside and find that it's joyful with lots of lovely noise. Yes, there are cars, there's movement. It's alive. Something is always *happening*. When we go to a gringo neighborhood, all we can think is, it sure is quiet. It's dead. These people might as well bury themselves. It's frightening to us!

So this new kind of mental health center we're trying to establish will go the opposite way from other centers. We're going to start with 10 nonprofessionals, people who grew up in the barrio. If they want to study, if they want to add on to what they already know by going to school, fine. If they just want to get on with their work, that's fine, too. Some of them put in 24 hours at a stretch, and school isn't always the thing that's most important in their minds.

And under their direction, as their helpers when they need them, will be the specialists.

Now I have to tell you want scares me about this whole proposal. It's that all this money we're going to be paying

these nonprofessionals will spoil them! Some of the salaries you're paying them out here in California would be almost middle-class in San Antonio. What we've seen too much of in the past are the Chicanos who get a little money and then move out to where all the gringos live. What we see is that the people who get paid don't get involved any longer. So we'll be picking people who can't be bought off, who will want to stay.

And when we get funded, we'll even be looking for a Chicano psychiatrist. The question is, will we be able to find a Chicano psychiatrist willing to work under the direction of a nonprofessional?

Any questions, *por favor?*

DISCUSSION

Participant: Would the specialists, too, have to live in the barrio if they're to work at your new kind of center?

Aguilar: Preferably, but it will be hard to find any willing to do that!

Participant: I think so. Another thing--who hires the paraprofessional? I know a paraprofessional will be in charge of the other paraprofessionals, and they in turn will direct the specialists if they need them. But who does the hiring of the nonprofessionals?

Aguilar: Myself. If I don't get angry at the system. And together, we will hire the specialists--as you say, if and when we need them.

Participant: You mention this problem of a Chicano nonprofessional you might hire and then he may want to move out. How can you control his leaving the barrio when he's earning good bread?

Aguilar: I guess we'll have to fire him.

Participant: Let met get this straight: you're working for a mental health agency right now, even before this proposal you talk about has been funded?

Aguilar: Yes. We have two positions working out in an extension of the agency.

Participant: And you have done what you've wanted to do,

organized all these people and gotten this proposal in, and carried on your work whether they wanted it or not?

Aguilar: Oh, they tried to give me a caseload at first. That's how any agency tries to keep you in line. They give you a lot of cases to fill your time and overload you. But you know, it doesn't take that much out of you to stretch or work around the sytem. You can be working with a patient and still have time to see a lot of people, to keep in touch with a lot of organizations.

Participant: When this program works, and I think it is going to work, what are you going to do when the gringo tries to take credit for it?

Aguilar: That's an old story, too. You know, we've been fighting this credit bit for a long time, and what does it matter? Who takes credit for what in the long run? It makes no difference. If the gringo wants to kid himself that he's doing it, he's fooling himself. But why should we worry about that? That's his mental illness.

NEW DIRECTIONS

Faustina Solís

Faustina Solís works with the Farm Workers Health Service Program of the California Health Department.

I should like very much to share a recent experience with you. I taught a quarter at the University of California on the role of social work in health issues. In the class were many students who were to go into the area of mental health and psychiatric services. There were some students who were involved and interested in community organization, and there were some who were involved in other areas of social assistance programs. We had our last class last week, and I must tell you that I have never felt such frustration with a last session with the students. They had come to that class hoping that they would leave with some direction, some formula for effectiveness, and some formula appropriate to the times and to their work. But instead they left with much insecurity, with very few answers and with many questions. Most of all, they left with this reality: it was not going to be an easy undertaking to leave school and to attempt to initiate and to carve out a program in the areas in which they wanted to become involved.

Sometimes, ladies and gentlemen, I wonder what would happen if we declared a moratorium on conferences. I wonder if some of that time could not be better spent in dealing with the people who are receivers of that which we profess to be creating together instead of in talking at each other and seeing the same faces that we have seen for twenty years and more. Though we are professionals in the areas of mental health, I wonder at our insensitivity: we profess to do and want to do so much good and yet we eliminate and ignore the very basic issues of creativity in program development.

Have you defined what mental health means to you? We are talking about issues of mental health, and I am sure that if we were to take a poll on what each of us is considering and what we visualize when we talk about mental health, we will have all kinds of different considerations and scope

and breadth. When I talk about what I think of as mental health, my own vision of it is narrow, because I don't even think about mental health as such. I think more about the problems that we develop and about services and about people. There is not even in my own mind a great sense of cohesiveness in defining what mental health means. We might address ourselves to the fact that as we become increasingly specialized, we also become, in a way, increasingly impotent. We really talk about the totality of the individual, but then we emphasize the fragmentation of specialties, as if we were going to divide an individual into sections merely to receive an aspect of a program that we create. How can we separate mental health from all of the spectrum of factors that entered an individual's life some years ago?

Once I worked in a child guidance clinic in Los Angeles, and it was located at that time at the corner of Sunset and Vermont. Most of the people who came to the clinic were the people who lived around the Fairfax area of Los Angeles. I remember on one occasion a Mexican mother brought her child to the clinic, and she lived somewhere around Manchester and Alameda Streets. She had no car, and I think she took streetcars or buses to get to the clinic. Now I don't have to tell you all about the ritual of a psychiatric clinic. We have a whole concept of appointments system. It is one of the greatest things that bind us; maybe it is our security blanket. But I wish we would just get rid of the crazy appointment system. It is so erratic and so inappropriate. In our little clinic we had an appointment system that said whether that individual needed forty-five minutes or not, we spent forty-five minutes with each client because that was the structure of the organization. Well, this particular little boy had been showing signs of behavior problems or something and so I worked with the mother and the child's psychiatrist. After the first visit, the mother told me that she had never seen such a change in a child, and the psychiatrist told me he was not going to see him after two more times. And I said, "How can you do this? This is the only thing that has meant anything to this little boy." And he said this little boy did not need him and suggested I go out to his home and see that he had enough to eat. I should see that his mother, who had to provide for the whole family, was able to sustain her employment without constant worry and in a way that meant respect and dignity for her. I should find a place where this family could live rather than be shoved into a one-room tenement. Then, when all of these other things have been taken care of, this little boy whom we both feel needs my services will have the benefit of other services, too. I wonder, in many other situations, about our ability to look

at all of these factors related to mental health.

I wonder what your discussion was in relation to the identification of prevention and rehabilitation services. When we talk about prevention, we really discuss prevention in terms of consultation, and to my way of thinking, this is a very narrow concept of prevention. It is certainly a contribution and a very important factor, but it limits our total concept of prevention. Do you see day care as an area of prevention? Or do you seen preventive care primarily on a consultation basis? If you do, how do we look in terms of the professional manpower to hold consultation? Where does the community sit in all of this? To what degree do we really use the community as a resource for our growing body of knowledge in regard to mental health?

One of the greatest lessons to me has been this. I have recently been involved in a program to develop a health service for agricultural, migratory populations. Many times I work with the people themselves in the different areas. We have been so used to working with people in psychiatric settings and through the appointment system and thinking in terms of long-term treatment or short-term treatment, etc. When you work with people you may never see again, you learn the importance of the quality of that time which you spend with them; it is the quality of the time they spend with you in exchange, not just of information, but of themselves.

California Packing Corporation has a farm labor center, and this particular farm labor center has two-room dwellings for the workers in that area. One day a health educator asked me if I would go. She wanted to see how I would go into a community I had never been in before and how I would approach individuals. The reason that I wanted to go into the community was to let the people know that she would be working there and what she would be doing. We went into a home and immediately upon seeing the woman, I knew that a great problem had befallen them. I did not introduce myself but I said, *"¿Señora, qué le aflige?"* [Senora, what are you suffering from?"] And she replied, *"Estamos con una tragedia, mire usted, mi esposo ha sufrido un ataque de corazón. Eso nos ha afligido bastante."* ["We had a tragedy. My husband had a heart attack, and we have suffered a great deal."] I listened to her and I wondered and I said to her, "This isn't the problem." Her husband was there, and he was partially paralyzed. And she said very directly, *"Su condición nos aflige pero no tanto eso, ni la atención médica, ni como lo vamos a pagar. Señorita, lo que nos aflige es que mi esposo ya no se siente como la cabeza de esta casa."*

["His condition is troubling us, but not so much that, or the medical attention we cannot pay for. Señorita, what really bothers us is that my husband no longer feels like the head of the household."] Now, if you want to know the competence of the individual to diagnose his own problem, I would like to know what better demonstration you might have. If you want to know the effectiveness of meaningful service, how much have we talked about strength as a Mexican family? How much have we talked about those kinds of elements that work into a resolution of problems? These are the kinds of concerns I have in relation to what we must do.

I am not going to go into it. It would be presumptuous on my part to think that I would come and dictate any kind of pattern or new direction. We have a wealth of information that must be documented, that must be dispersed in such a way that quality of service will be introduced into what we are doing. I don't know if what you visualize is more of the same: more psychiatric clinics, more psychiatric social workers, more psychiatrists, more this, and more that. But when I look at community control and think of the pattern of services in some areas, boards and organizations are indeed controlling social programs, what is important to look at is that we are really controlling the same ineffective programs. Control in itself is not going to be the answer. There must be perception of design which is meaningful, not for ten years ago, but for the here and now.

When you talk about the needs of mental health for the Chicano community or in the Spanish-speaking community, what are you talking about? How do you determine what your needs are? How do you determine need in terms of a people? I'll tell you where you get your figures, you get them in terms of agencies and the people you can count. But how many figures show people like a lady in the California Packing Corporation who would never have been seen except that a public health nurse went out to see if there was TB in the family. They never would have gotten into the mainstream of our effective public assistance system. When I talk about public assistance, I'm not talking about welfare, I'm talking about public services in general. How do we determine what we are talking about and what is happening?

Our considerations immediately take us into the area of training. We are talking about two aspects of training. Professional training as we know it in the traditional sense versus the development of training for ancillary personnel has caused us to become confused. How you get money and grantsmanship determines how you set up programs,

whether you believe in them or not. If the guideline says that you have to have ancillary personnel, you get auxiliary personnel whether you believe in them or not. What happens in real life determines some of the kinds of problems we develop. We believe so much in the community worker and the mental health aide and the community health aide and the nutrition aide and the public health aide and the teacher aide, we believe so much in them that they have absolutely the most scandalously low salaries I have ever seen. Those low salaries belie everything that we say about the value we see in them.

Now just how does the population come into it? I went into one community where just in the health field alone, there was a community health aide, a community health worker, a migrant education health aide, a nutrition health aide, a Head Start health aide--all of whom were working with the same families. All of them were involved in little bits and pieces of health. You can see the kinds of problems we develop in terms of the poor manpower distribution, to say nothing about the fact that all of these aides have a different kind of training experience. Each aide had a very different kind of function experience, and each of them was caught in a blind alley. Once they moved out of a particular agency and locality, they would never be able to be employed anywhere else, because we have not established an accreditied, uniform system by which we can give security of employment to all of these ancillary personnel. These are just some of the problems that we have before us in terms not only of offering respect and dignity to ancillary personnel, but to assure them some possibility of influencing their own job mobility.

I could go into the professional training aspects, but I think that I have expressed myself quite strongly with regard to how I feel in the area of social work training. I see a tremendous need for a total overhaul of the training experience. I do not feel, at this point, that I acquired anything in my MSW program that I could not have acquired in an undergraduate program. I also feel that the MSW program absolutely does not prepare any social worker for what is, in effect, a need to understand programming.

Then there is the area of evaluation. I really get very concerned about the fund distribution of NIMH. How much funding is distributed for what purposes and under whose criteria of priority development? In this regard, how much do you know about programs that are planned for the Spanish-speaking population? How are these coordinated and

what kind of expert consultation do they have? Where does the community become involved in this? What is the distribution of funds? Is it in research, and is this research applicable to action and to modification of programs, or is it an end in itself? Are we talking about training? Where is the money in training going and for what purposes? Do we perpetuate the same system of training that we have had in universities, or do we develop a new focus of training?

You were talking about direct services. How direct are direct services? Do we just develop a building and then say, in essence, that this is a community mental health center, when it is not community-oriented at all? Or when it has very little mental health in it? I think that our state is quite an invader with a number of buildings that are mausoleums. Where is the money going for, and how can it be reallocated in terms of the priorities of today? What part do we have in setting the goals for that reallocation?

I have not presented direction but what I have presented to you are the main hurdles which are before us.

DISCUSSION

Participant: Faustina, what has developed is the fragmentation of human existence along disciplinary lines as a byproduct of professionalization and specialization like the whole crew you spoke of, each one taking care of a little corner. More recently we see the increasing formation of community mental health centers. In reading some of the reports that are coming out of the centers, there is something I find rather disturbing, and that is the definition of mental health along administrative lines. All causal agents are contained within the administrative universe of the mental health center, and as a consequence all major causes of mental illness in a Chicano population are by definition contained within the Chicano population, as though there were no external factors operating in this universe. Have you thought about this, the administrative definition of mental health?

Solís: When you are talking about the administrative definition of mental health you are also talking about all the bureaucratic definitions of mental health. Are you saying that there is not enough importance given to the very crucial definition that must come out of the community itself?

Participant: Yes. I am talking specifically of the

Los Angeles Mental Health Center. They maintain that all causes of mental illness are contained within the Chicano. And this is by definition, because this is what their grant said.

Solís: Yes, there are all sorts of hypotheses, and unfortunately we have let them get away with it. Rather than looking at any of the other elements--I have never yet seen a paper on the strengths of the poor. I think that one of the major problems that we have as Chicanos is that, in developing and mobilizing the community in terms of this definition, we are going through some very bitter in-group struggles. This in-group has a great deal to do with the testing out and survival of the fittest in the in-group. I think we have to recognize that it does exist, rather than deny that it exists or try to conceal it in some way. I think that we need to address these issues directly and not to skirt them.

We are in a struggle in communities. I see these struggles all over the state with different factions and different groups. In health programs, I see the individual making hay on the skirts of the Blacks and Browns for programs that are getting more central. I hope that we can bear in mind that those of us who are oppressed sometimes become the oppressor. Even though we have criticized bureaucracies that have oppressed us, we develop the same system. We are so bureaucratic that we oppress ourselves.

Participant: I completely agree. Not only is there in-group friction, but there is something else I see that concerns me, a growing deemphasis on the part of the Nixon administration toward health programs in the nation and particularly towards mental health programs in the nation. Along with this, I also see a growing feeling in some of the communities of prejudice towards the mental health professionals. I wonder if you might be able to comment.

Solís: We should all be greatly concerned about the trend towards dehumanization. That trend is manifest in the low priority that health has in this whole country. It is as if we were just going to bury the body of health, because there is no move in the direction of giving impetus to this area. What I find so very inconsistent is that we have a lot of money for family planning, which leads the ethnic groups to feel that this is a genocidal trend. It is incredible the amount of money that can go into family planning in proportion to the cutbacks in other kinds of health services--direct health care and mental health services. The other thing

about rivalry--let's face it, when mental health became a recognized field of endeavor, there was within the professional staff a feeling that this was the height of excellence. When I went to school, psychiatric social work was considered the top system. If you were a psychiatric social worker, you were high class. But when you look at the whole area of care, the physician has always been quarterback. He's always calling the shots, even when he doesn't know them. There is already a subculture in the mental health area, a built-in system of hierarchy. And how much do you think the community has ever been able to understand what mental health was really all about, other than just focusing on mental illness? I don't have the answers, but perhaps some of you who are working in the community might want to say something.

Participant: You can make a good case for getting mental health back into the mainstream along with other health care. There is a feeling that within HEW and the medical professional as a whole, much of the propaganda to get mental health back into the mainstream of medicine is an attempt to counteract.

Paul Sanchez: He is talking about having the community design and control a mental health service whose professionals and staff will support what they are doing. The very clear message that I hear from them is that the professional does have something to give, but this other way will probably be more effective. Faustina was saying that social work education needs to be overhauled. I just want to make a plug for the School of Social Work in San Jose, because I believe that one of the things we are saying is that the school itself has to come out of the Chicano lifestyle. This in itself is already an instrument for overhauling the system, but it sure makes some problems! For example, the Council on Social Work Education obviously does not have enough knowledge of Chicano lifestyles to understand what kind of school we are tyring to set up. We have to find a way by which the Chicano community itself is willing to "accredit" us. Sure, we also have to work with the Council and get *their* accreditation. But it's hard to use their services and their consultants. We are pushing for Luis Medina to be our consultant, and we will make an effort to see what can be done in overhauling the social work education system. I'm hoping that what we have there will begin to get at the business of establishing a viable kind of institution that will grow out of the Chicano lifestyle and, hopefully, meet some needs.

TABLE I

SPANISH SURNAMED/SPANISH SPEAKING
Population in the Western States

(Estimates Prepared for APA's Council
on National Affairs and Social Issues-1971)

Arizona	357,000	
California	3,001,000	
Colorado	272,000	5 Southwest States:
New Mexico	387,000	4,058,000
Utah	41,000	
Alaska	1,000	
Idaho	7,000	4 Northwest States:
Oregon	22,000	109,000
Washington	79,000	
Montana	2,000	
Nevada	7,000	
Wyoming	8,000	
Hawaii	9,000	(Many Filipino?)*
Total: WICHE States	4,193,000	
Texas	2,487,000	
WICHE & Texas	6,680,000	

*1960 Census listed 69,070 Filipinos

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TABLE II

CONTRAST OF ETHNIC POVERTY LEVELS IN
5 SOUTHWESTERN STATES AND NEW YORK, 1960

	Arizona	California
Total families	312,036	3,991,500
Total poor families	66,345	562,710
Poor Familes:		
Anglo (numerical)	41,155	435,849
Anglo (percent)	16.4	12.8
Spanish surname (numerical)	11,312	58,256
Spanish surname (percent)	30.8	19.1
Average family size:		
Total population	3.41	3.19
Spanish surname	4.56	4.01
Median Income:		
Total family (dollars)	5,568	6,726
Spanish surname family	4,183	5,533
Housing (overcrowded and dilapidated):		
Anglo (percent)	11.3	6.8
Spanish surname (percent)	43.6	26.7
Unemployments rates (percent)		
Anglo males (percent)	4.3	5.3
Spanish speaking (percent)	6.2	7.7
Education level (percent) 14 years or over:		
Anglo	12.0	12.1
Spanish speaking	8.0	9.0

TABLE II Continued

	Colorado	New Mexico
Total families	438,815	221,951
Total poor families	80,455	54,180
Poor families:		
Anglo (numerical)	66,141	24,083
Anglo (percent)	16.7	15.6
Spanish surname (numerical)	11,117	22,555
Spanish surname (percent)	35.0	41.5
Average family size:		
Total population	3.33	3.68
Spanish surname	4.38	4.37
Median Income:		
Total family (dollars)	5,780	5,371
Spanish surname family	4,008	3,594
Housing (overcrowded and dilapidated):		
Anglo (percent)	8.5	10.3
Spanish surname (percent)	35.3	38.6
Unemployments rates (percent)		
Anglo males (percent)	3.4	3.7
Spanish speaking (percent)	9.5	10.3
Education level (percent) 14 years or over:		
Anglo	12.1	12.1
Spanish speaking	8.6	8.3

TABLE II Concluded

	Texas	New York City
Total families	2,392,564	2,080,000
Total poor families	687,965	611,155
Poor families:		
Anglo (numerical)	395,598	421,600
Anglo (percent)	21.8	19.2
Spanish surname (numerical)	139,663	75,395
Spanish surname (percent)	51.6	53.7
Average family size:		
Total population	3.33	3.21
Spanish surname	4.63	4.72
Median Income:		
Total family (dollars)	4,884	6,600
Spanish surname family	2,914	3,800
Housing (overcrowded and dilapidated):		
Anglo (percent)	9.4	*
Spanish surname (percent)	46.5	*
Unemployments rates (percent)		
Anglo males (percent)	3.3	4.4
Spanish speaking (percent)	3.2	9.7
Education level (percent) 14 years or over:		
Anglo	11.4	10.0
Spanish speaking	6.2	8.3

*Not available.

TABLE III

SCHOOL ENROLLMENT OF SPANISH-SURNAME PERSONS AND ALL PERSONS 5-21 YEARS OF AGE BY AGE GROUPS, 5 SOUTHWESTERN STATES AND URBAN/RURAL SOUTHWEST, 1960
(Percent Enrolled)

Southwest by type of area and age group	Total*	Spanish Surname	Southwest by type of area and age group	Total*	Spanish Surname
All areas			Rural nonfarm		
5 to 21	79.0	74.2	5 to 21	74.6	71.1
5 to 6	64.5	55.6	5 to 6	54.2	47.4
7 to 13	97.6	96.0	7 to 13	96.6	97.7
14 to 15	94.3	88.0	14 to 15	92.3	84.9
16 to 17	80.6	66.9	16 to 17	77.1	64.1
18 to 19	41.9	33.2	18 to 19	33.3	30.8
20 to 21	21.2	12.1	20 to 21	12.2	9.6
Urban			Rural farm		
5 to 21	79.9	75.3	5 to 21	79.0	67.9
5 to 6	67.5	58.2	5 to 6	44.4	41.3
7 to 15	97.9	96 4	7 to 13	96.8	93.8
14 to 15	94.8	89.2	14 to 15	92.9	82.3
16 to 17	81.2	68.2	16 to 17	82.9	57.9
18 to 19	43.4	34.0	18 to 19	49.3	29.7
20 to 21	23.3	13.0	20 to 21	13.1	7.0
States (All areas)					
Arizona			California		
5 to 21	78.0	74.0	5 to 21	82.3	78.9
5 to 6	57.5	55.0	5 to 6	82.8	79.9
7 to 13	96.9	96.2	7 to 13	98.2	97.6
14 to 15	92.9	90.2	14 to 15	96.3	92.9
16 to 17	79.1	68.3	16 to 17	83.3	73.7
18 to 19	45.4	36.6	18 to 19	40.8	33.1
20 to 21	21.4	10.1	20 to 21	21.5	12.1

*No separate data for Anglos and nonwhite are available for urban and rural areas; hence this table compares Spanish-surname persons with all persons.

Source: 1960 U.S. Census of Population, Vol. 1, parts. 4, 6, 7, 33, and 45.

TABLE III Concluded

Southwest by type of area and age group	Total*	Spanish Surname	Southwest by type of area and age group	Total*	Spanish Surname
Colorado			New Mexico		
5 to 21	81.2	77.1	5 to 21	76.5	76.6
6 to 6	69.3	63.9	5 to 6	50.9	49.6
7 to 13	98.1	97.4	7 to 13	96.8	96.4
14 to 15	95.2	89.4	14 to 15	93.4	93.3
16 to 17	83.5	68.0	16 to 17	81.5	76.3
18 to 19	48.0	34.0	18 to 19	41.6	41.7
20 to 21	26.3	12.4	20 to 21	17.6	14.5
Texas					
5 to 21	74.1	69.4			
5 to 6	39.0	34.5			
7 to 13	96.9	94.5			
14 to 15	91.6	82.7			
16 to 17	76.3	58.6			
18 to 19	41.9	31.1			
20 to 21	20.2	11.9			

*No separate data for Anglos and nonwhite are avilable for urban and rural areas; hence this table compares Spanish-surname persons with all persons.

Source: 1960 U.S. Census of Population, Vol. 1, parts. 4, 6, 7, 33, and 45.

TABLE IV

MEDIAN YEARS OF SCHOOL COMPLETED BY SPANISH-SURNAME PERSONS COMPARED WITH OTHER POPULATION GROUPS, VARIOUS AGE CLASSES, 5 SOUTHWEST STATES, 1960 (Males and females combined)

State and age group	Anglo	Spanish Surname	Non-white	Spanish Surname-Anglo gap years*	Spanish Surname-Anglo gap percent**
Southwest:					
14 years and over	12.0	8.1	9.7	3.9	32
14 to 24	11.3	9.2	10.6	2.1	19
25 and over	12.1	7.1	9.0	5.0	41
Arizona:					
14 years and over	12.0	8.0	7.7	4.0	33
14 to 24	11.1	8.9	8.5	2.2	20
25 and over	12.1	7.0	7.0	5.1	42
California:					
14 years and over	12.1	9.0	10.8	3.1	26
14 to 24	11.4	10.2	11.3	1.2	10
25 and over	12.2	8.6	10.6	3.6	30
Colorado:					
14 years and over	12.1	8.6	11.2	3.5	29
14 to 24	11.5	9.6	11.1	1.9	15
25 and over	12.2	8.2	11.2	4.0	33
New Mexico:					
14 years and over	12.1	8.3	7.9	3.8	31
14 to 24	11.2	9.5	8.7	1.7	15
25 and over	12.2	7.4	7.1	4.8	40
Texas:					
14 years and over	11.4	6.2	8.7	5.2	46
14 to 24	11.1	8.1	10.2	3.0	27
25 and over	11.5	4.8	8.1	6.7	58

*Difference between Anglo and Spanish surname median years.

**Difference computed as a percent of Anglo median years.

TABLE V

SPANISH-SURNAME COLLEGE ENROLLMENT, 5 SOUTHWESTERN STATE UNIVERSITIES, 1968-69 SCHOOL YEAR

STATE	Spanish-surnamed college enrollment (1968-69)	Spanish-surnamed enrollment as percent of all enrollment	Percent of Spanish-surnamed population in the state (1960)
Arizona	3,118	7.1	14.9
California	29,405	5.4	9.1
Colorado	2,708	3.8	9.0
New Mexico	3,397	17.6	28.3
Texas	19,291	7.6	13.4
Total	57,899	Average 6.2	11.9

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